	FOR	
١.	STATE	

STATE OF MARYLAND

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8		151	6
I. DE	CEASED NAME FIRS	iT .	MIDDLE	ı	AST	20. DATE OF DEA	GT NO.	DAY YEAR	2b. HOUI
	OR PRINT)	Pauline	G. Baro	n			e 28 1984		
3. SE)		14 RACE	G. Marc	5. DATE C	DE BIRTH	6 AGE (IN YEARS L		IF UNDER TYEAR	IF UNDER
	emale		i ana	MONTH	DAY YEAR			MONTHS DAYS	HOURS
100	RTHPLACE (STATE OR FOREIG	Caucas:	WHAT COUNTRY?	9	st 3 1910	9 BALTIMORE CI	YRS.	TY OF DEATH	
	COUNTRY)		WHAT COUNTRY:	MARRIE	NEVER MARRIED		_		
-	TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL NURSIN	WIDOWE	D DIVORCED D	12g USUAL OCCL	e County	12b KIND OF	BUSINES
	Pandallstown	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)		Homenaker	OST OF WORKING		D0011121
	AL RESIDENCE (IF NURSING HOSTATE 136			E ADMISSION)		13e.STREET ADDR	ESS / ZIP COI	DE	
M	taryland B	altimore	Randall	stown	YES NO	8909 Fla	astone C	ircle	211
14. FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME) I E	IAST	
G	Borge W. Camero		****		Ora Fox Came	eron		163	
160 V	VAS DECEASED EVER IN U.		166. SOCIAL SECU	JRITY NO.	17 INFARMATOUIS R.	Aaron Jr.	DDRESS		211
	YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	217-01-	-2724	8909 Flagsto		Randal	lstown i	Marvi
	18 CAUSE OF DEATH (En				00001111000	/ /	/	APPROXIM BETWEEN O	
	cause (a), stating the underlying cause la		r as a conseou	ENCE OF					
Z	PART 2. OTHER SIGNIFIC.	ANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART Ita	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDING	
Ę						YES NØ	/7	YES	NO [
Ü	21a. ACCIDENT WAS UNDERLYIN	L Maria A	OF INJURY M. MONTH D	AY YFAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART : OR PART 2)	
S P	OR CONTRIBUTING CAUSE	OF DEATH	M.	19					
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	FARM FIC)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	51
٤	AT WORK NOT WHILE		LES, FROIDST, OFFICE	THE LICE					
	22a.1 certify that (1) (this	hospital) otterded th	e deceosed from	17	124 1961		28	19 14. 1	hot (I) (w
	sow the deceased above, (1) (we send a	On the holl	offer death	87 , or	nd that in (my) (aux) opi nion (death accurred an	he date and he	aur and from the c	auses sta
	22b. SIGNATURE	Iday	1		DEGREE			22c DATE S	IGNED
	1//	11/1/10/01	hel		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF TYSICIAN [
1	22d. PHYSICIAN 5 NAME	yn berefall	Ir How Ar	10	22e ADDRESS				
			" TIWH	1- A-1	5210	Old Cour	+ Doad	Dans das 17	eta
	Dw Hawand	1 Cambon		71/3 /711:0 4			T. DOME	$\Pi(I)(I)(I)(I)$	
73a P	Dr. Howard		173	NAME OF C	· ·			nanaari	10 DOU
	Dr. Howard BURIAL, CREMATION, REMO (SPECIFY) Dirial				EMETERY OR CREMATORY Ridge Cerretery	23d LOCATION CITY OF TO	VN	COUNTY Baltimore	SI

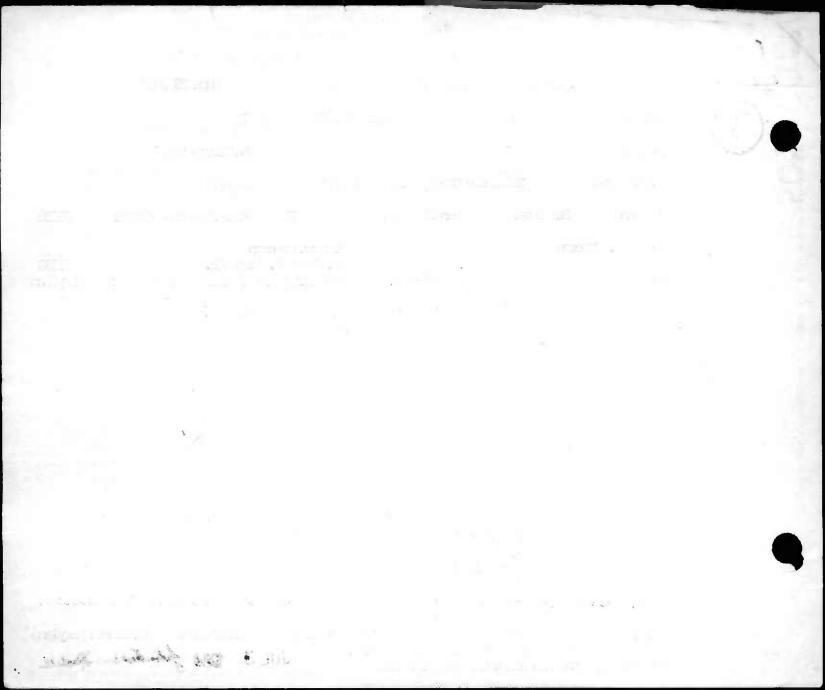
DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the intending physici should be detached for use as the burial-transit permit. Then please remove companies with the State Dept. of Health and Mental Hygiene prior to burial, crimmatism, at temperal

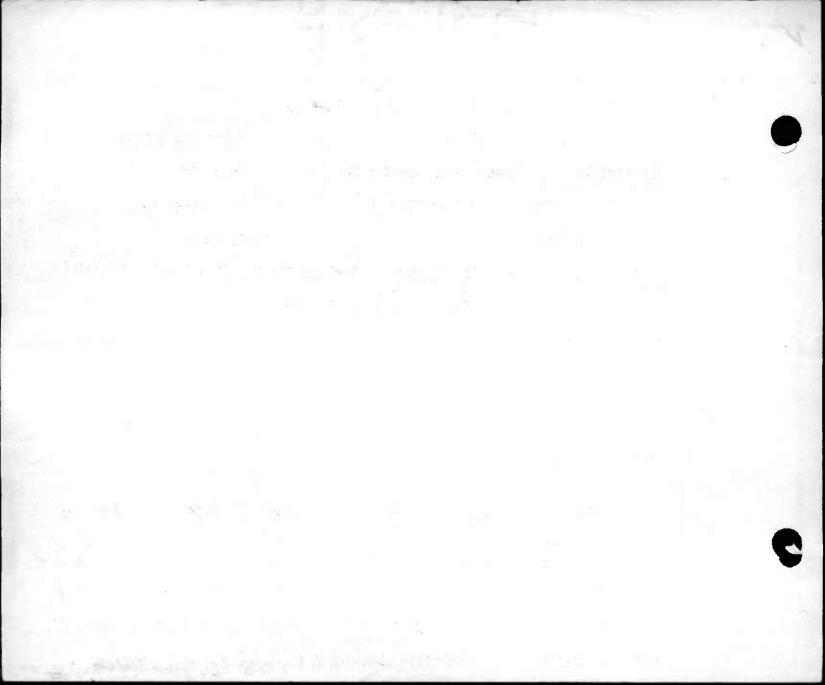
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

8728 Liberty Road Randallstown, Maryland 21133

JUL 3



1	1 -	FOR Item #5 G59 STATE REGISTRAR	2 6/29/84 DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4		5	6 6
the same		CEASED NAME FIRST OR PRINT)	WIDDLE	l	AST	20 DATE OF DEATH	AONTH DAY	YEAR	2b HOUR
a va	LITE	Ethel	Α.	A	dams	J1	une 9.	84	8:40 pm
6 4 mg	3. SEX	Female	Black	S. DATE C	8, 18, 18, 18, 18, 18, 18, 18, 18, 18, 1	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
oth. Pog	Ja. Bii	RTHPLACE (STATE OR FOREIGN 7	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR BALTIMORE	COUNTY OF		
by the fun filed within		TY OR TOWN OF DEATH Catonsville	11. NAME OF HOSPITAL, NURSIN FOREST Haven N	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	N 11		BUSINESS OR
hin 24 hours should be fi nermystber	130 S	AL RESIDENCE (IF NURSING HOME OF COUNTAINE Md. 136 COUNTAINE Balt	THE INSTITUTION GIVE RESIDENCE BEFORE TY CATONSVI	11e	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	zip CODE in Ave.		21228
ond 2	14 FA	THER'S NAME FIRST UNKNOW				Rosie Swann		LAST	
be execut		VAS DECEASED EVER IN U.S. ARA (es. no or unknown) [1# yes, give NO	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 218-30-2		17. INFORMANT Darlene Star	ADDRES nton (Daught	s 221 Su ter) Ca		
s that the death certificate dby the ottending physicileose remove carbon paperall, cremoval. or other troumatic event, th	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (c) (c)	M O M					AATE INTERVAL INSET AND DEATH
. low requires os been signe permit. Then p to prior to bur was ony injury, (CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	GS USED OF DEATH?
SICIAN: The ng physicior certificate huiol-tronsit pental Hygier Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	YES NO	YES	OR PART 2}	NO []
DING PHYS	MEDICAL	21d, INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE F	ARM ETC)	214 LOCATION STREET	CITY OR TOW	ny .	COUNTY	STATE
TENT or us or us of He		220.1 certify the (1) (this hospite sow the deceosed alive on above (1) (we) (did) (did not	<u> </u>	84	d that in (py)(our) opinion o	, to		d from the c	
by the hosp by the hosp ERAL DIREC e detoched to Stote Dept. o		27h. SIGNATURE SULLO	es an	16		MEDICAL STAFF	: 1	6//	IGNED 2/84
TO HOSPITAL OF CONTROL BY THE STORE OF WITH THE STORE OF MADOR STORE OF THE STORE O		224 PHYSICIAN'S NAME (TYPE OR	B. Bus		7220 Pa	k beig	h\$?	212	08
BP		Burial Burial			emetery or crematory lorial Cemeter	y Sandy S	pring,	Montg	. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		uneral director Beorge R. Snowde			nington St ²⁵ PATI d. 20860 ቀህሀለ	REC'D. BY REGISTRAR	Sb. REGISTRAR	SSIGNATU	JRE



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20	-			

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME FIRST		MIDDLE		LAST		MONTH	DAY YEAR	2b. HOUR
TIANE	ALBERTA	Δ	Δ	DLE	SBERGER		06	16 84	12:30A
3. SEX		4 RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEA	
F	EMALE	W		MONT		76	YRS	MONTHS DAYS	HOURS MIN.
70. BIF	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALT I MOR	COUN		MD.
10 C1	SON, MD.	11. NAME OF		HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF Housewife			OF BUSINESS OR
130. S		AE OR OTHER INSTITUTION. OUNTY Itimore	GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 21 Terron (
	THER'S NAME FIRST	WIDDIE	LAST Wood	M.	15. MOTHER'S MAIDEN NA FIRST Elizabeth	MIDDLE		Morg	ast an
	/AS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? s. GIVE WAR OR DATES)	16b. SOCIAL SECUR		17 INFORMANT Elizabeth A	. Holmes 2		erron Cr	t. 21234
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O	r as a consequen	ICE OF					
CERTIFICATION	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF	YES, WERE FIND RTIFYING CAUSE YES	DINGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	MINER) HOUR A.	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM I	18 PART I OR PART 2)	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FAI		211 LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATE
	220. I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di			4。	nd that in (my) (our) opinion	, to6/16 deoth occurred on the do			n, that (I) (we) lost the couses stated
	226. SIGNATURE Menl C	Den.			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗗	27c DA1	SIGNED SIGNED
	220. PHYSICIAN'S NAME IT				27.e ADDRESS GBMC - 6701	N.CHARLES	ST	. 2120	4

23¢. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

BP.

or Item 18 shaws

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Leonard J. Ruck, Inc.

23b. DATE

6/18/84

5305 Harford Road

Moreland

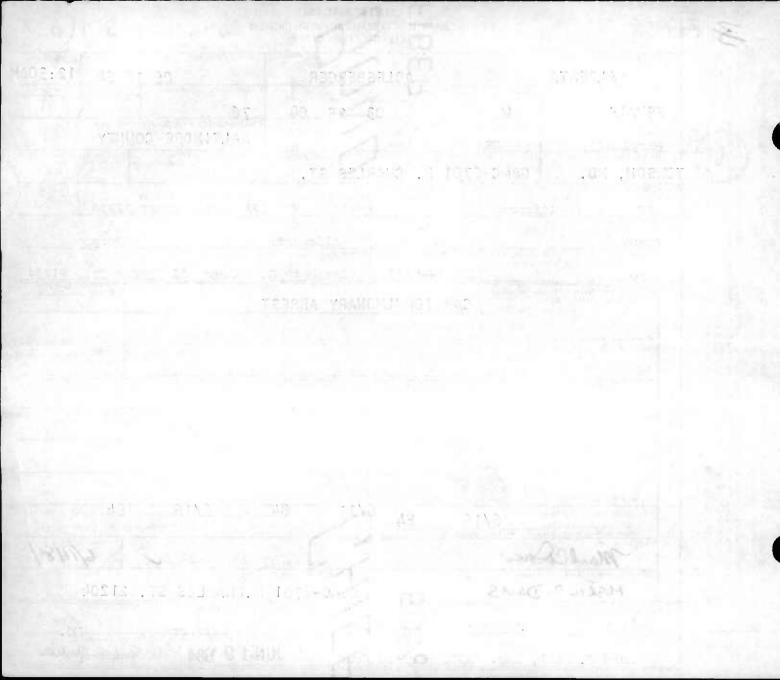
250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

JUN 1 9 1984 Julia Davidson-Randelle

23d. LOCATION

COUNTY

STATE



Y	1.	FOR STATE REGISTRAR		PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	REG. NO.	15	6 8
X		CEASED NAME FIRST	MIDDLE		LAST	26. DATE OF DEATH MO		2b. HOUR
		(sr) Mary	Amy	Ahe		June 30, 19		12:30
	3 SE		4 RACE	MON		& AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	HOURS MIN.
The own	_	F	White		c. 15 190		YRS	
Tied	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Wash. D C.	U.SA	MARR		County	130	
2/1	10 CITY OR TOWN OF DEATH Baltimore		11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GMI Mercy	URSING HOME STREET ADDRESS) Villa	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Teaching		OF BUSINESS O
The same	130.5	AL RESIDENCE (IF NURSING HOME COUNTAILE 136 COU	NTY 13c CITY O	E BEFORE ADMISSION R TOWN timore	13d. INSIDE CITY LIMITS?	13a. STREET ADDRESS 6806 B	Sellona Ave	• -2121
lear way		THER'S NAME FIRST .chael T Ahe	MIDDLE LAS	ST	15 MOTHER'S MAIDEN N FIRST Ellen Mur	MAME	LA	
, the med		VAS DECEASED EVER IN U.S. AI (16 YES, NO OR UNKNOWN) (16 YES, GR	E WAR OR DATES)	SECURITY NO. 4-0917	17 INFORMANT	ADDRESS	Darelinol	
hows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT CALIFICATION 190 DATE OF OPERATION	somic vleer;	arten	al embelesm	ROO AUTODSY?	OMOS OB. IF YES, WERE FIND IN N CERTIFYING CAUSES	NGS USED S OF DEATH?
18 sho	ERT	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	YES []	ио 🗌
Item	-	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
arked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
121 is m		220 I certify that (I) (this hasp	9 30	1000	and that in (my (our) bpinio	an death accurred on the date	and hour and from the	that (1) (we) a
ANT: If Iten	2	Signature endal	ot) view the body ofter death.	Okas	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
MPORTA			PRINT)		220 ADDRESS Dul	aner Valley	Rd 21204	
=	(urial, Cremation, removal Burial	July 3,1984		cemetery or cremator dlawn	Woodlawn.	COUNTY Balto. Cq.	STATE Md.
25M) 1/79		neral director tchell-Wiedefe	ld Home. Inc.	Balto.	ork Rd. 250. D	ATE REC'D. BY REGISTRAR 156	REGISTRAT'S SIGNATURE	HBEOLIC

100:27	June 30, 1914		1 (° .=)		75-5	453
		1900			£ ~ .	1 1 2
	Venanty	4.			18.0	.V. dinesii
	leaching			ecy Alla		ero. Ltfsll
lona Ave.	Int Some	de Shares		Jaltinore	or is	al basiyas'
TANK oronicky	srenia a	raimana p	Ell m		m	lessoi.
5805 Bellana Ava.	offatect sc.	instal :	rita.is	11-54-031	2	
	no bugh					

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

BP.

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death. Page 4 may be	funeral director, page thin 72 harmony, death	

STATE OF MARYLAND

- STATE REGISTRAR			DE1	CERTIF	ICATE OF	DEATH	REG. 1	¥ NO.		
I. DECEASED NAME	FIRST		WIDDLE		AST	4.	2a. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	٧.	irginia	Κ.	ALEXAND	ER		June 20	, 1984		4:30 PM
3. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	
FEMALE		WHIT	Đ	MONTH 2	26	23	61	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE)	OR FOREIGN	7b. CITIZEN OF	WHAT COU	NTRY? 8	- D NEVER	MARRIED 🗍	9. BALTIMORE CITY		Y OF DEATH	
VIRGINIA		USA		WIDOWE		NARRIED I	Baltimo	re Cou	nty	MD
10 CITY OR TOWN OF D	EATH	11. NAME OF		NURSING HOME			120. USUAL OCCUPA	TION	12b. KIND	OF BUSINESS OR
ROSSVILL	e	FRANKI		OUARE H	OSPTT	AL	FACTORY			R. BK.
USUAL RESIDENCE (IF NI			GIVE RESIDENC	E BEFORE ADMISSION)					CT	ATIONAR
MARYLAND		TIMORE	13c. CITY O	RIOWN	YES T	NO A	28 DAHL		E	220
14. FATHER'S NAME					15. MOTHER	'S MAIDEN NA				
ARTH	TD	MIDDLE	OSENB			SALLY	MIDDLE		BE	A Tur
16a WAS DECEASED EV	ER IN U.S. A	RMED FORCES?		L SECURITY NO.	17. INFORM	110 11 11 11 11 11 11 11	ADDI	RESS	LDE2/	(01000
(YES, NO OR UNKNOWN)	(IF YES, C	GIVE WAR OR DATES)	217-	26-1177	Eile	en Ale	exander	5006	King /	Ave.
	ny, which mmediate iting the use last.	DUE TO, C	R AS A CON Renov	SEQUENCE OF ASCULAR	hypert	ension	AIN AL DISEASE OR CO	NDITION GI	VEN IN PART 1	10'
19a DATE OF OPER	RATION	196 COND	ITION FOR V	WHICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES []	
	CAUSE OF	EATH HOUR A		H DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18	PART I OR PART 2)	
(IF EITHER, NOTIFY M. 21d INJURY OCCU WHILE NOT AT WORK NOT	WHILE WORK		OF INJURY	OFFICE, FARM, ETC.)	211 LOCAT		CITY OR I	OWN.	COUNTY	STATE
M SIGNATURE	osed olive o	on June per) view the body		_1984_, or	nd that in (m	ATTENDING PHYSICIAN [death accurred on the	AFF	ur and from the	that (we) lost the couses stated E SIGNED
22d. PHYSICIAN'S		•			22e ADDRE				7.00=	
D. M	eyers	, MD	1731	27.1217	9000	Frankl	in Square	0r., 2	1237	
230. BURIAL, CREMATIO	N, REMOVA	AL 23b. DATE	Manile .	23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	28 [6]	COUNTY	STATE

DHMH - 16 50M 4/83

the buriol-transit permit. Then please remove and Mental Hygiene priar ta burial, cremotion,

IMPORTANT: If them 21 is morked or Item

TO FUNERAL DIRECTOR: After should be detoched for use as with the State Dept. of Health of

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

23c NAME OF CEMETERY OR CREMATORY Hills Mem.

Baltimore,

em. Pk. Baltimore, Maryland

250. Date rec'd. By Registrar 256. Registrar's signature

Lassahn Funeral Home

Rd. 2123

relia Davidson-Randall

21 - Lind and Constant Constant and Q-M - Just I go. W. Siedenskie de Mark Set and property of the state of the state of PARTY OF PHE GO MUSE.

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1	-	-
4	1	

poge 3 er death

injury, ar other traumatic event, the medi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-trousit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

etained by the hospital or attending physicion.

IMPORTANT: If Item 21 is marked or Item 18 shows ony

DEPAR

2	IAIL	Ur m	AKIL	AND		
TMENT	OF HE	ALTH	AND	MENTAL	HYGIENE	
CEF	RTIFIC	CATE	OF	DEATH		

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64	- 1	5	3	1	-

1.	STATE REGISTRAR	CI	ERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST AC	MIDDLE	ALLEN	JUNE 16	1984 315 AM
3. SE	× m	RACE S. I	DATE OF BIRTH MONTH DAY YEAR 2 11 11	6. AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
D	COUNTRY) Mary land	11 0	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	RE COUNTY MD.
10.C	OWSON SEATH	NAME OF HOSPITAL, NURSING H	OME OR OTHER INSTITUTION APPLICATION TO SPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADM 130. CITY OR TOWN TOWS ON	13d. INSIDE CITY LIMITS YES NO	205 E. Jopp	a Rd. 21204
14. F	ATHER'S NAME FIRST MID	DOLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			ADDRESS	
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	one cause per line for (a), (b), and (c).		E TUMOR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) NDITIONS CONTRIBUTING TO DEAT	E OF	erminal disease or conditi	ON GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART ?) COUNTY STATE
	22a I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) v	19	, 19, 19		, 19 , that (1) (we) fast and hour and from the causes stated
	22b. SIGNATURE			G MEDICAL STAFF	22c DATE SIGNED 6/16/84.
	EDUARBO	P. LAYUG-	22e. ADDRESS St. 76	LO YORK RD.	BMT ME 21204
	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	236. DATE 236. NAM 6/17/84	NE OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Anatomy Board

Balto., Md.

JUNE PECO BY REGISTRANDS B. REGISTRAN'S SIGNATURE

SHEET HELLINGS IN BUILDING SUFFICE PROPERTY. water and the contract of the

STATE OF MARYLAND

DEPARTMENT OF

HEALTH	AND	MENTAL	HYGIENE	Cole
FICATE				DEC

	REGISTRAR				CEKTIF	ICATE OF L	EAIR		REG. NO.				
I. DEC	CEASED NAME	FIRST	٨	AIDOLE	ı	LAST		20. DATE OF DE		NTH DA	Y YEAR	26 HOUR	
(TYPE	OR PRINT)	Elmer			Aller	nder		Ju	ne	1,	1984	10:25	5 &
3 SEX	(4.	RACE		S. DATE C			6 AGE (IN YEARS	S LAST BIRTHDA		UNDER I YEAR	IF UNDER 24	
1	Male		ъ1	ack	MONTH 4		06	78		YRS		HOURS	M IN.
	RTHPLACE (STATE ORFI	OREIGN 76	CITIZEN OF	WHAT COUNT	TRY? 8.	D NEVER	AARRIED T	9 BALTIMORE	CITY OR C	OUNTYC	FDEATH		
	arvland	700	U.S.	Α.	WIDOWE		VORCED	Baltim	ore C	ounty			MD.
	TY OR TOWN OF DEA	TH 1	I. NAME OF H	OSPITAL, NU	IRSING HOME C		ITUTION	12a USUAL OC	CUPATION		12b. KIND C	F BUSINESS	
	Essex		FRANK	LIN S		HOSPIT	TAL	(TYPE OF WORK FO	R MOST OF WO	ORKING LIFE)	INDUSTRY		
	AL RESIDENCE (IF NURSI	NG HOME OF O		GIVE RESIDENCE E		113d. INSIDE C	ITV I IAAITCO	13e STREET ADD	DESS / 71	B CODE	21	027	
	arvland	ISB. GOON	11	Chas		YES [NO T	P.O.B				's R	4
_	THER'S NAME			Onas	C		MAIDEN NAM		UA I	2200	Need	5 1	
1	FIRST	Mil	DDLE	LAST			FIRST	_	NIDDLE		LAS		
-	William			Allen		-	ary	Lou	ADDRESS		Gri	ffin	
	VAS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMA	INI		ADDRESS				Ro
	NO			717-0	7-5600	Cath	erine	E. Pit	ts 7	017	Minno	w Br	anch
	18 CAUSE OF DEATH	H (Enter only	one couse per			TRANS					BETWEEN	MATE INTERVA	ATH
	PART I. DEATH W	AS CAUSED	BY:		iac Arre	est							
	P. C.	IMMEDIATE											
			DUE TO, OF	Anomia	, Pancy	tononia	Sonci	ic			CONT.		
	Conditions, if ony, gove rise to imm		(b)	Anemia	, rancy	copenia	, sepsi	15		-			-
	couse (a), stating	g the	DUE TO, OF	R AS A CONSI	EOUENCE OF								
	underlying couse	lost	(c)	Plasm	a Cell I	Dyscras	1a					1.5	
	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITI	ON GIVEN	IN PART I)	
O	Recu	rrent	Gastro	intest	inal B	leeding							
MEDICAL CERTIFICATION	19a. DATE OF OPERAT				HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPS			WERE FINDI		
. E	May 31,	1984	HV	perspl	onicm			YES \(\tau \)	OK)	V CERTIFY!	NG CAUSES	OF DEATH	?
ex —	21g. ACCIDENT WAS UND		216. TIME O		CITTOIN	121, HOW IN	LILIBY OCCUPE	RED (ENTER NATUR				140 📙	
O	OR CONTRIBUTING		110110 4		DAY YEAR	Tric. HOW III	JOK! OCCORP	KED (ENIER NATUR	E-OF INJURY IN	ITEM ID PAK	I I OR FARI 2]		
CA	(IF EITHER NOTIFY MEDIC		P./	M.	19								
03	21d. INJURY OCCURR	RED	21e PLACE		FICE, FARM, ETC.)	21f. LOCATION		c	ITY OR TOWN		COUNTY	STA	TE
Z	WHILE NOT WH	ILE	(AT HOME, SIK	EEI, FACTORI, OF		_	0.4						
	220.1 certify that De	(Ibo hospito) ottended the	e deceased fr	om June	1	19 84	to	June	1 19	04	that Ti (we) lost
7.7	saw the decease				QA	nd that in	(our) opinion	death occurred a	n the dote	ond hour o			
- 11		ich (didyat)	ew the body	ofter deoth.		DECREE					122c, DATE	sinken /	_
	22b. SIGNATUR	1/2	1111-			DEGREE	ATTENDING	MEDICAL	STAFF		ZZC. DATE	7/1/5	- 49
	//	al	Kla	C	/		PHYSICIAN [PHYSICIAN	1 💆	CP,	1110	-/
	22d. PHYSICIAN'S NA	ME ITHEORY	ministra of the same of the sa	. /		22e ADDRES					010	7	
14/1	1,) 4	/ /	AC	(3		9000	Frankl	lin Squa	re Dr	ive,	212:	3/	
230 0	BURIAL, CREMATION,	REMOVAL	23b. DATE		23r. NAME OF C	EMETERY OF	CREMATORY	23d LOCATIO	ON	-			
	BURIAL	WEW OVAL	6/6/	84	Hollv	Hill (Cemete	ry Bal		re	CO,	мď	TE
			, - /					- 1 - 1 - 1	411 0 .		9	114	4

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The low

HOSPITAL OR

etoined by the hospital or attending physician.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

Wm C March F/H Inc, 1101 North Avenue

FOR STATE

A LULA TEN A LUE

tar, page 3 after death

moy be

STATE OF MARYLAND

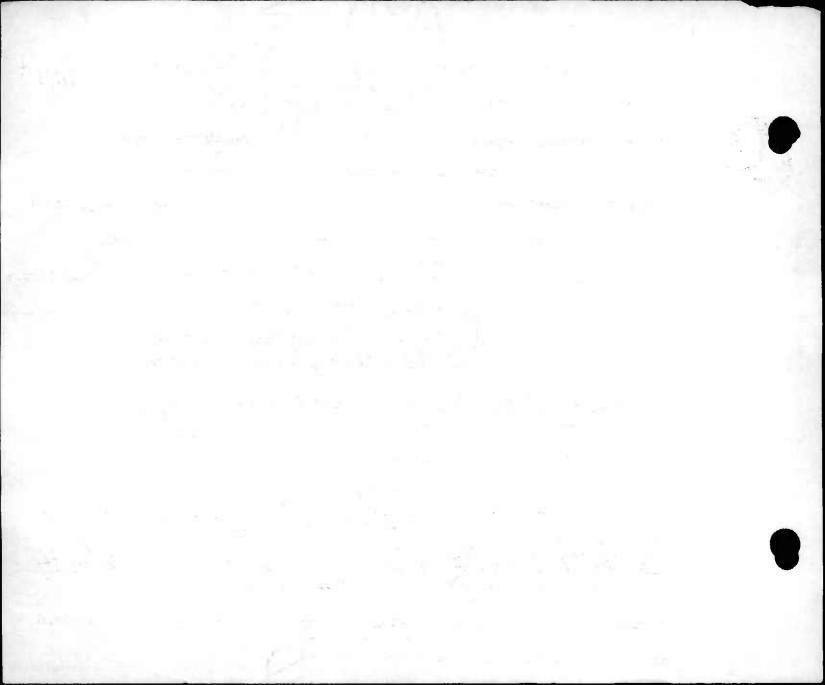
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	1 - STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	2	
	1. DECEASED NAME FIRST KATHLEEN	N O'KEEFFE		NDERSON	June 10,		11:30 M
	3. SEX Female	4. RACE White	S DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
97	7a. BIRTHPLACE ISTATE OR FOREIGN Phillipine Island:		WIDOWE		Baltimore C		MD.
00	Towson	11. NAME OF HOSPITAL, NURSIN (IF NOT INSIGHEACHTY, GIVE STREET, 726 Camber.	1ey Ci		120 USUAL OCCUPATION THOMEMAKEL	(ING LIFE) 12b. KIND INDUSTRY	OF BUSINESS OR
35	2	timore 130. City or tow	ADMISSION)		13e.STREET ADDRESS / ZIP 726 Camber	CODE ley Circl	le 21204
30	John	J. O'Keeffe		15. MOTHER'S MAIDEN NAM FIRST Mary	Ann	Donnelly	kst .
/	160 WAS DECEASED EVER IN U.S. AR [YES, NO OR UNKNOWN] NO	MED FORCES? 166 SOCIAL SECU 800-01-1 180-12-2		Captain John	J. Anderson 7	25 <u>Camber</u>	l204 rley Circl
,		nly one couse per line for (a), (b), one ID BY: TE CAUSE (a)	VD-	AF-C	HF	APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	INCE OF	te tplen	is live	in l	
7	PART 2 OTHER SIGNIFICANT	DMANUA 196. CONDITION FOR WHICH	5/1	v althe	200 AUTOPSY? 201	O GIVEN IN PART I	INGS USED
9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NO LIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION	ED (ENTER NATURE OF INJURY IN ITE		
X9	22a I certify that (I) (this hospi	IALHOME STREET, FACTORY OFFICE E	19	that in (my) (pur) spinion d	leoth occurred on the date on	d hour and from the	, that (I) (we) last
	1976 PHYSICIAN'S NAME LIVES	Mintzer, M.D.		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN [22c. DAT	E SIGNED
+-	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c. N	Dulan	EMETERY OR CREMATORY ey Valley	23d LOCATION Cockeysvil		aryland
2	24 FUNERAL DIRECTOR		1050	York Road 250 DATE	REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNA	TURE

Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



ASSAHN	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		5 1 /
7 , 76		CEASED NAME ARST	ERINE	A	UTOWIK	20. DATE OF DEATH	MONTH DAY YEAR = 30, 1954
meter, por	1. SE	FEMALE	WHITE		V. 3/1-1910	6. AGE (IN YEARS LAST BIRT)	MONTHS DAYS
10	7a. Bi	RTHPLACE ISTATE OR FOREIGN PA.	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIEI WIDOWE	DI NEVER MARRIED DI	BALTIM	- //
A	III. C.	10WSON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		OSPITAL	170 USUAL OCCUPATION TYPE OF WOME FOR MOST OF	DN 12b. KIND OF INDUSTRY
12 mag 25		AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO STATE OF THE	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP SODE WAY
(100	14. FZ	MARSTIN	MIDDLE FABITA	N	15. MOTHER'S MAIDEN NAMED IN A MARKIE	ME	FLEISHE
MORE, no and or Pages 1		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 172-09	V-2226	EDWARD	WARD 1	SS 245 ARMISTE
ortificate i o physicia an poperii encoval.		PART I. DEATH WAS CAUSE	ly one couse per line for (a), lb), a D BY: E CAUSE (a)	4	ofue sep	sig	APPROXIM BETWEEN O
W. PRESTON to the death or by the attenden ose remove carb (, cremorion, or other traumost	22	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) Character (c) DUE TO, OR AS A CONSEQUENCE (c)	c Obs	terfere Pul	way De	iere
RDS, 20 r egned Then pie rid burio niury, or	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 110
AL RECO	TIFICAT	90 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b IF YES, WERE FINDING LINCERTIFYING CAUSES (YES
CLAN TO PATE OF WITH O	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	r IN ITEM 18 PART 1 OR PART 2]
NG PHYT AG PHYT There this as the but th and M	MEDI	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	EARM, ETC)	211. LOCATION STREET	CITY OF TOW	VN COUNTY
ATTENDS CTOR A CTOR LIST Of Health		saw the deceased alive an	tal) ottended the deceased from CO 29 19 1) view the body after death.	2011	nd that in (my) (our) apinion	death accurred on the do	te and hour and from the co
The hard of the bar of the bar of the bear		226. SIGNATURE	neee		DEGREE ATTENDING PHYSICIAN [2]	MEDICAL STAF	

DHMH - 16 50M 4/83

TO FUNERAL I should be deto with the State I MPCRTANT,

> BURIAL 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

7-3-84

C. OFWHI

236. DATE

236 NAME OF CEMETERY OR CREMATORY
CASTLE VIEW OR ARDENS

22e ADDRESS

and from the causes stated

WERE FINDINGS USED ING CAUSES OF DEATH? NO

STATE

_, that (l) (we) last

2b HQUR 1.56

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DENS 45 SHAWNOCK LAURENCE VAL 250. DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

	To present			
June 3. 184 464	Silvary	1	343	1.77
W	0711-15 N	1/6	314/18	Femile E
ENLINANCE (COMPY)	X		4500	Wall Challe 14.
HORELLE HOME	JUNEAUNE .	\		Truestant
3-18-17 NATO 24 IN 341001			F. v.	110 - 144
13/2/19/2/	2020		110	NICIPA
WAKD FERRING WEI	TOWNED O	9-203	17	
			P=/a	
William The			4337	
Jege Lident Al		74.70	10.01	
nd anadota xxillian 34	THE CONTRACTOR	1 (1) 1 (1)	ja –	1800105

DHMH - 17 (VR A15 ME (5))

20M 4/82

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1		REGISTRAR		MEI	DICAL EXA	MINER'S	CERTIFIC	CATEC	F DEA	TH REG.	NO.		
1		EASED NAA	AE FIRST		MIDDLE		LAST			20. DATE KNOWN OF ESTI-	MONTH X	DAY YEAR	26 HOUR
- 1	,,,,,,	. OK PKIITI	Edwa	rd		Aj	ppel			DEATH MATED	□ 6-7	1984	\ N
1	1. SEX		4 RACE	5 DATE OF BIRTH		(IN YEARS IF U		IF UNDER		21. DATE PRONOUNCED	монтн	DAY YEAR	24 HOUR 1:17
1		MALE	WHITE	OCT.3,19		62YRS.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DEAD	6-7	19	p: "
d	FOR	RTHPLACE (}	76 CITIZEN OF WE		8. MAR	RIED X NE	VER MARR	IED 🗌	9 BALTIMORE CITY	_		
7		MARYLA		USA		WIDO		DIVORC		Baltimor			MD
,		Y OR TOWN			CILITY, GIVE STREET ADD	ORESS)				JAL OCCUPATION (1 MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	ISINESS RY
4		isters		OR OTHER INSTITUTION, GI	Chestnut		A. WES	ST	PA	INTER		SIGNS	
1	13a. S1	ATE	13b COU	NTY	13c. CITY OR TO	WN	13d INSIDE C			EET ADDRESS		#21136	
		MARYLA		TIMORE	REISTE	RSTOWN	YES X	NO [CHESTNUT	HILL L	A. WEST	
>2	14 FA	FIRST	ADORE	MIDDLE	A DDCT		IS. MOTHE	ER'S MAIDE		MIDDLE		LAST	
N.	160 W		ED EVER IN U.S. AI	PMED FORCES?	APPEL	CURITY NO	17. INFORA	CARLY		7.VAADDRE	LOW	ENBERG	
		S, NO, OR UNKN		E WAR OR DATES)	220-07			P		JUANITA DORE		401176	
			OF DEATH (Enter of	nly one couse per line			144 UF	RESTINU)I HI	LL LA. WE	51	#21136 APPROXIMATI	EINTERVAL
		PARTID	EATH WAS CAUS	ED BY:	Hanc							BETWEEN ONSE	T AND DEATH
		95	30 IMMEDIA	(DUE TO, OR	AS A CONSEQUE	, ,							
			ans, if any, which										
		cause (rise to immediat a) stating the <u>under</u>	5	AS A CONSEQUE	NCE OF							V 100
		lying co	iuse last.	(c)									
		PART 2 DTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL DISEA	SE OR CONDITIO	N GIVEN IN PA	RT I Tal.				
	ON												
2	MEDICAL CERTIFICATION	19a. DATE C	F OPERATION	19b CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED?				20 AUTOPSY	
	RTIF	at ENTER	IAL CALIFF WAS	AN 71115 OF								YES 🗌	ио 💢
2	E CE	UNDERLYIN	G XXOR	21b. TIME OF HOUR A.M	MONTH DAY	YEAR				NATURE OF INJURY IN ITEM	18 PART TOR PART	(2)	
1	ICA	CONTRIBUT	OCCURRED		6-7-84	9 S	ubject	hung	him	self			
	MED	WHILE	NOT WHILE Y	STREET, FACT	ORY, FARM, ETC.)		STREET			CITY OR TOWN	COUP		STATE
		AT WORK	AT WORK	L I	lome	1 2	2 W. C		paneng .	ill,Reiste	rstown	MC MC	
		22a 1 cer	tify that I gok chai	rge of the remains des	cribed above, held			Inspectio	XX.	Inquiry .	and in my api		
		death resu	Ited from Nat	ural causes	Acquent .	Suicide X	X Hamid	cide .	Undete	ermined manner	}.		
1		ACTUAL	Redi	11/2/2/	Sou Sol	MI		PECIFY)			DATE	6-8-8	2/
		SIGNATURE	,	THE TAX	my.	- 1000	A.D. ASS	Istan	IT MED	ICAL EXAMINER	SIGNED	0-0-0)4
2		EXAMINER'S	S NAME DE	ennis F. Sr	myth, M.I).	_ADDRESS	1	11 P	enn Street	1.		
-	23a. BL	IRIAL CREM	ATION REMOVAL	23b DATE	23c NAME C	OF CEMETERY	OR CREMATO	ORY		CATION	COUNT	[Y 51	TATE
			RIAL	JUNE 8,19		REI TFI				ÄLTIMORE		MARYLA	ND
		NERAL DIRE		LEVINSON		INC.		25a. DATE I	REC'D. BY	REGISTRAR 256 RE		GNATURE - Aande	20
	60	010 RE	ISTERSTO	VN RD. BA	LTO., MD	21215		101	114	1964 7	and the latest		

Market and Age AT MILL

7	T.	FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		175
٩	e 0 † 7	1. DECEASED NAME FRST TYPE OR PRINT) IO	NA E. ARMINGER	LAST	JUNE 15,1984	1 23
ge 4 ma)		Female	White	Nov. 4,1895	0.7102 (1.11111111111111111111111111111111111	UNDER I YEAR IF UNDER 24 HRS
Geoth. Po	in to	OBJETHPLACE ISTATE OR FOREIGN VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRI	Baltimore Co	ounty MD.
rs ofter o	by the fu	Owings Mills	(IF NOT IN SUCH FACILITY, GIVE STREET Baptist Home o			126. KIND OF BUSINESS OR INDUSTRY Dept. Store
AND 213	filled in	USUAL RESIDENCE (F NURS 1 COU 130. STATE COU Maryland Anne		N 113d INSIDE CITY LIA		Glen Burnie Dr. 21061
MARYL,	ond 2 st	William Andrew	MIDDLE LAST Spriggs	15. MOTHER'S MAIL FIRST Vi	oenname ictoria Headley	IAST
IMORE,	Pages 1	160 WAS DECEASED EVER IN U.S. AF 1 YES, NO OR UNKNOWN] 1 F YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 212-38-		ADDRESS Home Of. Md. Owings N	Mills, Md.2111
T., BALT	physicio inpapers emoval.	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), on ED BY: TE CAUSE (o)		HEART FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V. PRESTON S	the attending tremove carbo remotian, ar re her traumatic e	Conditions, if any, which gove rise to immediate cause (a), stating the			Medio lase. DASEASE	YEARS
201 V	please urial, c	underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVEN	NIN PART 1(a)

TO FUNERAL DIRECTOR: After this certificate has been sig should be detached for use as the burial-transit permit. Then with the State Dept, af Health and Mental Hygiene prior ta b CERTIFICATION INSUFFICIENCY 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 211. LOCATION ŏ 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE JUNS hospital) attended the deceased from 22a.1 certify that (1) (this If hem 21 is and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on (did not) view the body ofter death DEGREE 226. SIGNATUIL ATTENDING MEDICAL STAFF
PHYSICIAN GOTRECTOR PHYSICIAN IMPORTANT 224. PHYSICIAN'S NAME (THE OFFINIT 22e. ADDRESS John G. Lavin, M.D. 6805 York Rd. Baltimore, Md. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
CITY OF TOWN [SPECIFY] Burial June 18,1984 Friendship M.E.

BP DHMH - 16 50M 4/83 (VRA 15, 4)

or attending physicion.

retained by the haspital

O HOSPITAL

COUNTY

COUNTY

8

Owings,

STATE Calvert Co.

21212

22c. DATE SIGNED

6-18-8

NO [

STATE

24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

en same someisfel y and see same sintel TO US HER LOOK HER HER TO THE AND THE REST HOWEVER SHOULD HAVE ON A STATE OF THE PARTY OF THE PAR Market and the state of the sta A STATE OF THE STA TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-fransit permit. Then please remove corbanopers. Pages 1 and 2 should be 11.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic event, the should be detoched for use os the buriol-tronsit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

6-0	- 1	5	1	1	0

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		
1. DECEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DA	AY YEAR 2b. HOUR
(TYPE OR PRINT) Donna	Dolores	BAKER	June 29, 1984	9:30 AM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR # UNDER 24 HRS
Female	White	8 27 19	en en	ONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		- 9 BALTIMORE CITY OR COUNTY O	OF DEATH
West Virginia	U.S.A.	WIDOWED DIVORCE		untv MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
Rossville		uare Hospital	Dist. Sales Ma	nager-Esmark
USUAL RESIDENCE (IF NURSING HOME O 136, STATE 136, COU Maryland Balt		WN 134 INSIDE CITY LIM		ont Rd. 2122
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAID		
William	M. Mille	er Haze		Howard
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS1916	Calais Cour
No	212-22-	-3565 Frank G	. Spiegel Balte	o.,MD. 21207
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	due to, or as a consequence (c) Metasta	itic Breast Canc		
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOTX	WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIBUTION C CAUSE OF OF	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAG	RELOR PART 2)
OR CONTRIBUTING CAUSE OF DE CA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
22a. I certify that (A) (this hosp sow the deceased alive or above, (I) (we) (did) (did or 22b. SIGNATURE	oitol) attended the deceased from 19 of the 29 of the 19 of the 19 of the deceased from 19 of the dece	DEGREE ATTEND	opinion death occurred on the date and hour	9 84 , that (X (we) lost and from the causes stated
224. PHYSICIAN'S NAME (TYPE	OKPRINT)	22e ADDRESS	CIAN DIRECTOR PHYSICIAN	1 Ma
N. GAW	HAR	5400 0	LD CT. Rd. Rave	Pallstonn 2113
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMA	TORY 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital

7922 Wise Avenue Dunda

Dundalk, MD. 21222

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 2 1984 Julia Davidson TR

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DAMES IN COLUMN			
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	erd production for		
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		T. Domingan	
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		A STATE OF THE STA	
6/21/28	The state of the s	1 - whent	
coulded in all	N 88 76 40 0002	S	M. GAU
	South Line 1		
		and introduce on	med all freeze

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

- 4	_ FOR	DEE		E OF MARYLAND EALTH AND MENTAL I	HACIENTE and	1 5	1	1
-44	- STATE REGISTRAR			ICATE OF DEATH				
20		RST MIDDLE		AST	REG. No. DATE OF DEATH	O. MONTH DAY	YEAR	2b HOUR
	(TYPE OR PRINT)	ELTON TYE	13	AKER	N. DATE OF BEATT	6 19	24	10:12
1	M ALC	WHITE	5. DATE C		6 AGE (IN YEARS LAST BIR)	HDAY) IF UN	DER I YEAR	HOURS
184	DARYLAND	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	19 BALTIMORE CITY O	R COUNTY OF		74
100	M CITY OR TOWN OF DEATH	NAME OF HOSPITAL, N	IURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 112	B. KIND OF	
10	OMINGUMIT	1,0 1 0 10	-	NIEL	None		9	
33	30. STATE Md .	OTHER INSTITUTION, GIVE RESIDENCE BATE	E BEFORE ADMISSION) R.TOWN IMORE	138 INSIDECITY LIMITS	? 13e STREET ADDRESS 116 W. Ur.	iversi	ty P	ark
201	4 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN				
700	CALVIA	SHELTON P	BALER	DRUCIL	ADDRE		BA	14-1
12	160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	one	Mr. Calvi	n S. Baker	Balt	o,Md	. 21
event, w	PART, I. DEATH WAS	nter only one couse per line for 101, (CAUSED BY AEDIATE CAUSE (0)	SINOMA	(SEMINOI	HAL OF TO	ESTES	BETWEEN OF	E3
or other troums		DUE TO, OR AS A CONS	SEOUENCE OF	V	Metasta	क्रांड		
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ked or the	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		211 LOCATION STREET	CITY OR TOV	'N CC	YTAUC	STA
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MPORTANT: If them 21 is r	above, (I) (we) (did) (22b. SIGNATURE	did natiview the body after death.		DEGREE ATTENDING	G MEDICAL STAF	F ./	22c. DATES	
MPORTANT	22d. PHYSICIAN'S NAME	(TYPE OR PRINT) B. SARATSI	OTISIL	22e. ADDRESS	WOOD C		R	1
≥ /	230. BURIAL, CREMATION, REM (SPECIFY) Cremation	0VAL 236. DATE 6/20/84		emetery or cremator view Memor	ry 23d LOCATION ial CITYORTOWN	nore, Md	TY .	STAT
5	74 FUNERAL DIRECTOR	al Home Reist	ESS C M G + O		JUN 2 5 1984	25b. REGISTRAR'S	SIGNAŢU	RE /

DHMH - 16 60M 1/75 (VR A 15 (4))

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SHELLOW TIE BAKER 33FW +3 P1 0 20 T (F. PK ... 2 = 2 | P 27 37 5 A 3 - U - S - G - MARNAM YEAR DAINE POAR 13 WINDLINE - LEAD TO AND STORY OF STREET AFFIRE TON THE TON DECEMBER AND THE CALCHUNA SCALARMAN OF TESTES STUTION with generalized networking. THE PROME THE RESERVENCE OF THE PROPERTY OF TH 31010 3/10/2 COMO B. SARATSLITTLE

11		FOR STATE	DEPARTM		AND MENTAL H	0	5 1 7 8
		REGISTRAR FIRST	MEDICAL E	XAMINER'S C	ERTIFICATE OF	FDEATH REG. N	
	(TYP	E OR PRINT)		801	ASI A M	20 DATE KNOWN [OF ESTI-	MONTH DAY YEAR 26. HOUR
ASE OR. URS.		ANDRE	W H.			**	6/201984 AM
ARY, PLEASE NOR FILES. NO R FILES. NO STREET,	-	ale White	5. DATE OF BIRTH MONTH DAY 1928 The CITIZEN OF WHAT COUNT	55 YRS. MONTH	DER 1 YR. IF UNDER 2	24 HRS. 20 DATE PRONOUNCED DEAD 9 BALTIMORE CITY	MONTH DAY YEAR 28 HOUR 5.55 PM
S FOR	FO	REIGH COUNTRY)	US:1	WIDOW	D DIVORCE	Baltimore	County MD.
DELAY IS 10 THE 10 THE BE FILE DS 20	Ba	ty or town of death Ltimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR 804/ Eustdule	Rd.	RINSTITUTION	120 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Sechnician	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (ULar JV
AND 3 TE AND	13a. S	RESIDENCE (IF IN NURSING HOME O TATE 13b COUNT Balt	R OTHER INSTITUTION, GIVE RESIDENCE BILLY O. ITS. CITY. C	PR TOWN	YES NO X	130 STREET ADDRESS 804/ Castdale	2 Rd. 21224
M PM 3.2 AND 2 S	A	THER'S NAME ndrew	A. Barcz	eak Sr.	TS. MOTHER'S MAIDER Mary	M. MIDDLE	Bronikowski
AFTER I	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? WAR OBOATES) 2/7-	24-1744	Mary Barc	zak 5 Brett (t	s. Apt. 227
CUTED WITHIN 24 HOUR. "." IN PENCIL IN 1FEM 18. EXAMINER ALONG W IRIAL - TRANSIT FRAMIT. ND MENTAL HYGIENE, DI ION, OR REMOVAL.		IB. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a) stoting the <u>under-</u> lying couse lost.	(b) CONS (b) CONS (b) CONS (c) CONS	EQUENCE OF	mghat	i hanke	BETWEEN ONSET AND DEATH
ULD BE EXE "PENDING" FF MEDICAL FE AS A BU HEALTH AN HEALTH AN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 (a),	
동종 불 의 유 등	IIFICAT	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WA	AS PERFORMED?		28 AUTOPSY?
THICATE SI THE WO TO THE CHOULD BE ARTMENT	MEDICAL CERTIFICATION	210, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	27b TIME OF INJURY HOUR A.M. MONTH 1 P.M.	DAY YEAR	W INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	SPART I OR PART 2)
WRITING WARDED WAGE 3 SI AAGE 3 SI ATE DEP	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC	(AT HOME, 2Tf. LOC ST	ATION REET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMNER: 1 EXECUTE THE CERTIFICATE, BORGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE S; BALTIMORE, MARYLAND;			e of the remoins described obovo	Suicide ,	y Inspection Homicide, TITLE [SPECIFY] D	Undetermined monner	DATE 6/22/84 AU balt 21222
TO FU AFTER BALTIN BALTIN	(:			AME OF CEMETERY OR	Cemetery	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	Jo	hn M. Weber & S	Sons 9nc. 401 S	6. Chester	Street N 2		BISTRAR'S SIGNATURE

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Mary 15	Andrew Yes X		5.256	lakto.	
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and Mental Hygiene prior to burial, cremation,

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MPORTANT: If Hem 21 is

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FOR

14. FATHER'S NAME

STATE OF MARYIAND

			. 4
EPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
CEI	RTIFICATE	OF DEATH	

REGISTRAR			CERTIFICAT	E OF D	EATH	REC	G. NO.				
DECEASED NAME	FIRST	MIDDLE	LAST			20. DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOU	JR
(TYPE OR PRINT)	Helen	G.	Barr	ard			6	23	84		М
SEX	4.1	RACE	5. DATE OF BIRT	Н		& AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER		IF UNDER	
Female		White	TO I	20	Ĭ893	90	YRS	MONTHS.	DAYS	HOURS	WIN.
BIRTHPLACE (STATE OF	R FOREIGN 7b.	CITIZEN OF WHAT COUNT	RY? 8.	NEVED A	AAPPIED	9 BALTIMORE CIT	Y OR COUNT	TIMO	ATH C	'ount	·v.
Beston. Ma	55	USA	WIDOWED		ORCED	Tewsor		land		Journ	MD.
O. CITY OR TOWN OF DE	ATH 11.	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Stella Maris	REET ADDRESS)	IER INST	ITUTION	12a USUAL OCCU (TYPE OF WORK FOR M House)	OST OF WORKING		KIND O USTRY	F BUSINI	ESSOR
JSUAL RESIDENCE (IF NUI 30. STATE	13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BE	OVOWSOT 136 II		ITY LIMITS?	Stella N	ss/zipcor	ospi	lane ce	y Va	alle

Cornelius	MIDDLE	0 leary	Mary		MIDDLE	m		O'Meara	
		166 SOCIAL SECURITY NO. 011-01-9582		М.		2419	Still	Forest	Rd
	H (Enter only one couse per						Al	PROXIMATE INTERV WEEN ONSET AND D	Al

15. MOTHER'S MAIDEN NAME

PART I. DEATH WAS CAUSE IMMEDIAT	ECAUSE (0) CVA		
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ASCVD DUE TO, OR AS A CONSEQUENCE OF (c) Dementia		
PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
		YES NO	YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION		200 AUT	OPSY?	206. IF YES, WERE FINDS	OF DEATH?
			AE2	NOL	YES	NO []
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	LIGHT A ALL MACHINES THE MEAN	21c. HOW INJURY OCCURRED	O (ENTERN	ATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	

(IF EITHER, NOTIFY MEDICAL EXAMINER 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY

NOT WHILE 220.1 certify that (I) (this hospital) attended the decrease III-III-01 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on above, (1) (we) (did) (did not) view th 22c. DATE SIGNED DEGREE 22b. SIGNATURE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN

224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Baltimore

2300 Dulaney Valle: Stella Maris Hospice Nakhuda, 23d. LOCATION 236 DATE Rd. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

Massachusetts (SPECIFY) Burial June 26,1984 Belmont Cemetery Belmont Massachusetts

1050 You'l Bard 150 Date REC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

ADDRES 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

CITY OR TOWN

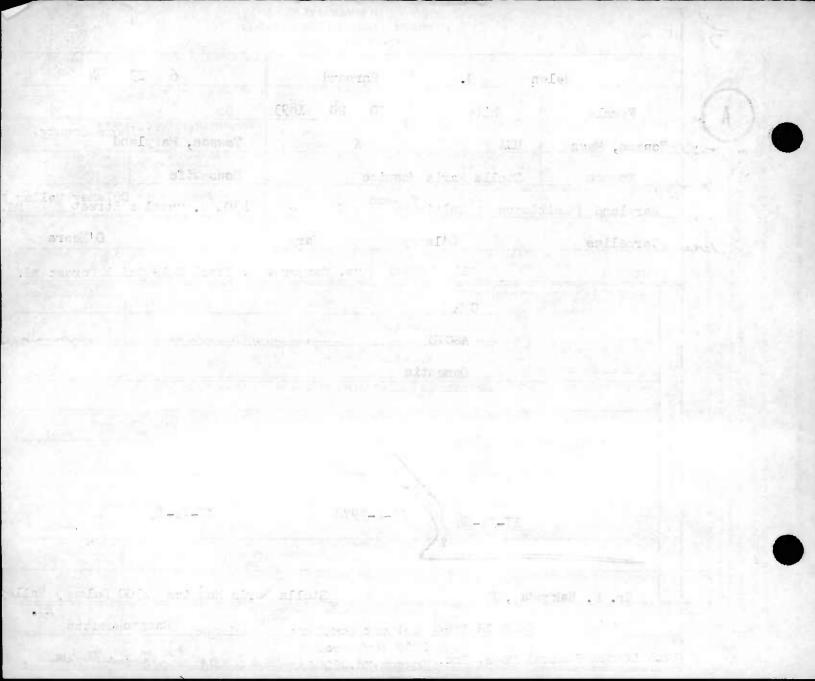
STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

hospitol

BP.



	- ['	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME FIRST	EDWARD	Roses	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3. SEX	3. 3		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
		Male	White	June 16, 1943	40 yrs.	MONTHS DAYS HOURS MIN.
	7 7a.		CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
No		North Carolina	U.S.A.	WIDOWED DIVORCED	Baltimore Cour	
/	//		(IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
		TOWSON JSUAL RESIDENCE (IF NURSING HOME OR OTH	Stella Maris H		Driver	Trucking
13a. ST	5 13	Maryland Balti	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	31 S. Ritters I	lane 21117
_	17,14	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
4	11	first (unknow		Lucille	Barnes	LAST
	/ 160		D FORCES? 166 SOCIAL SECUR		ADDRESS	
		unknown	239-66-6	618 Biggs Funera	al Home Lumberto	on North Caroli
I		18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line for (o), (b), and	ical N		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		MAS CAUSED B		Stinal Costructi	0~	
		1001	DUE TO, OR AS A CONSEQUE			
		Conditions, if any, which gave rise to immediate	(b) 19/27	ASTATIC (0/01	A	
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
		PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OF CONDITION GI	VEN IN PART 1(n)
	Z		NOTITIONS CONTRIBUTIONS TO S	DOT NOT RECALLS TO THE TERM	MINAL DISEASE ON CONDITION OF	TEN IN TAKE ING
CERTIFICATION	77 3	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
4	1					ES NO
7 8 7		210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
18	7 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
1 9 1	AFD.	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	WHILE NOT WHILE AT WORK			1	
2		22e.1 certify that (I) (this hospital)) attended the deceased from	3 /14 19 57	, to 6/3	,, ,, (()
		obove, (I) (we) (did) (did not) v	riew the body ofter death.		death accurred on the date and ha	
1 12		226. SIGNATURE	060000		MEDICAL STAFF	22c. DATE SIGNED
-	-	gretten	delleum	PHYSICIAN (DIRECTOR PHYSICIAN	June3, 1984
2					Tous	n Md
					IS MOSPICE	riu.
2	733	sow the deceased alive an	view the body after death. NINT)	DEGREE ATTENDING	is Hospice Towso	22c. DATE SIG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

231. NAME OF CEMETERY OR CREMATORY

Lumbee Mem. Gardens

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

23e. BURIAL CREMATION, REMOVAL

Burial 24 FUNERAL DIRECTOR NAME DIPPEL Funeral Homes, Inc. ADDRESS 7110 Belair Road Baltimore, Md

6, 1984

23b. DATE

June

Lumberton, North Carolina REGISTRAR 25 REGISTRAR'S SIGNATURE 250 DATE REC'D.

	E
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m retained by the haspital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	No.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.
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61	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENER 4	5 8
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	AS H RARRETT	20. DATE OF DEATH MONTH	6 84 D 25
E	SEX 4	RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
70.	MALE BIRTHPLACE (STATE OR FOREIGN 78	BIACK 10 3 99	9. BALTIMORE CITY OR COUNT	4 3
deoth. P	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DINORCED DINORCED	1 Roll -	Control 41/
10.	CITY OR TOWN OF DEATH		120 USUN OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
ors of	atonsville 1	Meriday Catous oille	Kelired	
hin 24 hou should be must be must be	STATE 136 COUNT	Y 136. CITY OR TOWN 136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	
\$ 50 El	FATHER'S NAME	DDLE LAST 15. MOTHER'S MAIDEN N.		Day LAST ##
e Eo SAA	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT . 1	ADDRESS	AKREII
on and co		T 213-03-3384 Mrs. Elea	VOR BARRETTS	25 Lincoly Ave
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for(a), (b), and (g.) Fan-lanz	or miss	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
- DO 0 0	W S G S	DUE TO, OR AS A CONSCIUENCE OF		
ne death ce ne attendin prave carb nation, ar r r traumatic	Canditians, if any, which	(b) CR AS A CONTROL DERICE OF (1)		
y the cream there	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF		
2 2 2 3		DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	IVEN IN PART 1101
4. The low require: ysticion. core has been significate prior to bu ygiene prior to bu ygiene prior to bu B shows any injury.	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
The low it is not it is shows a show a shows a show	DATE OF OPERATION	THE CONDITION FOR WHICH OF ERATION WAS TENOWIED	IN CERT	FYING CAUSES OF DEATH?
52 7//			RRED (FINTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
PHYSICIAN: ending physic this certifica he burial-tran and Mental Hy	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 19 Z1e PLACE OF INJURY Z11 LOCATION		
DING PH or otten After th se as the l colth and marked a	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
ENDIN	220.1 certify that (1) (this haspital sow the deceased alive on_	12-14-110	death accurred on the date and ha	, 19, that (It (we) last
OR ATTI	above, (I) (we) (did) (did nat)	view the body after death. DEGREE	t deam accurred on the date and no	22c. DATE SIGNED
	Um	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-684
TO HOSPITAL retained by the TO FUNERAL should be deta with the State IMPORTANT: II	22d. PHYSICIAN'S NAME (TYPE OR	DV 22e ADDRESS 3550 W	Exems Dre.	Balfonen
0 9 0 4 3 E	BURIAN CREMATION, REMOVAL	236 DATE STAME OF CEMETERY OR CREMATORY	23d LOCATION	Copies c// (STATE /
BP	PUT A FUNERAL DIRECTOR	6-11-84 GARRISON FORESTO	Con Olynas ATE REC'D. BY REGISTRAPIZS REGIS	STRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Joseph Lik	ussaaah, North Avei JI	JN 1 9 1984 Juna	Davidson-Mandalle

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executed within 24 hours ofter death. Page 4 may be

STATE OF MADVIAND

	SIMIE	OF IN	ALLE	AND	
EPARTMENT	OF HI	HTJA	AND	MENTAL	HYGIENES
CE	RTIF	CATE	OF	DEATH	

No.	1	100	-	8	3
Marie .	1	~	4	177	

1.	STATE REGISTRAR	(A)		DEPARTA		ICATE OF DE			G. NO.			
	CEASED NAME	FIRST		MIDDLE	ł	AST		20. DATE OF DEAT	Н монтн	DAY YEAR	2b H	4 11
RAYMON		ND	ρ		BEEBE		JUNE	- 17.	1984	7	P M	
3. SE	X		4 RACE	1	5. DATE C		YEAR	6 AGE (IN YEARS LA	51 BIRTHDAY)	MONTHS DAY		IDER 24 HRS
	Mal	e	Wh	ite	Sep		1905	78	YRS		3 1100	Mild.
	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED 🗆	9 BALTIMORE CI	TY OR COUN	ITY OF DEATH		
	w York		USA		WIDOWE	DI DIVO	RCED _	Baltim	ore Col	unty		MD.
10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	NOITU	12a. USUAL OCCU				INESSOR
	Randalls		BALTIMOR		ENERAL	. Hosp		Retired	Banker	Emp i	re F	edera 1
13a. S	AL RESIDENCE (#	136 COU	NTY	13c. CITY OR TOW	N	13d. INSIDE CITY	LIMITS?	13e STREET ADDRE				
	ryland	Bal	timore	Hebby i	lle		10 X	7600 Cl	ays Lai	ne Apt	415	21207
14. FA	THER'S NAME.		MIDDLE	LAST		15. MOTHER'S A		ME	HE	D	LAST	
	Frank	0		Beebe		Lula		•	DDRESS A	Platt		
	VAS DECEASED E		VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMAN					207	A A
	No		-	722-09-		Mrs. M	argare	et Beebe	/600 (
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED 8Y:						BETWE	OXIMATE IN EN ONSET	AND DEATH			
	1111	IMMEDIA	TE CAUSE (o)	Carelio nes p	natory.	ames F 2	40	Hents Mis.				
	Conditions, if one, which () Chrome Obstantie Pulmony Disace											
	Conditions, if gove rise to	immediate	(b)_	Chromet	1634111	que jaca	700	is and	*			
		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
1	PART 2 OTHER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Z		CVA	otl	M.I.	D	alete 1	a.A.	·				
CERTIFICATION		90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH										
TIE	-						YES NO		YES [EATH?	
CER	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)											
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19												
MEDICAL	21d. INJURY OCC	URRED	21e. PLACE	OF INJURY	A PAA ETC 1	211. LOCATION		CITY	ORTOWN	COUNTY		STATE
2	AT WORK A	T WHILE	(ATTIOME, SII	ELI, FACTORF, OFFICE, F	ARM ETC J							
	220.1 certify that (1) (this hospital) attended the deceased from 104 19 17 to 17 19 87, that (we) last											
	sow the deceased alive on JVWE 17 19 19 19 . ond that in (1897) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (1906) (did) (did and) view the body after death.											
	226. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF											
	Flerian Director Physician Director Physician 6/11/6"											
	220 PHYSICIAN	77		4.0		22e ADDRESS		,	11 =	0	- 1	107
	HERM		RECHER			641			Mice	NO.	21.	207
	BURIAL, CREMATI	ON, REMOVA	23b. DATE	23€. №	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		COUNTY	MD	STATE

etained by the hospital ar ottending physicion

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carbon papers: Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar remaval.

injury, or ather troumatic event, the

MPORTANT: If them 21 is morked ar Item 18 shows any

Burial 6/19/84 Crestlawn Mausoleum

24. FUNERALDIRECTOR LOTING Byers Funeral Directors, Inc. 25. D. 8728 Liberty Rd. Randallstown, MD 21133 Howard INC 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUN 19 1984 Line Davidson-Production

Prodate

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Sign

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DIRECTOR:

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IMPORTANT:

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CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEDADTMENT OF HEAFTH AND MENTAL HYGIENE

02.17	CERTIFICATE OF DEATH	REG. NO.		
DIE	Bell	6284	DAY YEAR	73cp
Whit	5. DATE OF BIRTH	6. AGE (IN YEARS PAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
WILL	MONTH DAY YEAR	-4 07	MONTHS DAYS	HOURS MIN.

(TYPE OR PRIA Arran	John	Bell
3. SEX Male	Cauc whit	e S. DATE OF BIRTH

7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED

9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR

HOSPITAL NURSING HOME OR OTHER INSTITUTION

YES P NO 🗌

MIDDLE

14 FATHER'S NAME

15 MOTHER'S MAIDEN NAME

206. IF YES, WERE FINDINGS USED

COUNTY

INDUSTRY

ARMED FORCES (IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).

17. INFORMANT

DIVORCED

PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which apve rise to immediate cause (o), stoting the underlying couse lost.

19a. DATE OF OPERATION

NOT WHILE

FOR

- STATE REGISTRAR 1. DECEASED NAME

16b. SOCIAL SECURITY NO.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

TO ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M,	19
1d. INJURY OCCURRED	21e. PLACE OF INJURY	

IN CERTIFYING CAUSES OF DEATH? NOL YES NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

200 AUTOPSY?

AT V	VORK		AT	wol	RK	_					
22a	I ce	rtify	thot	(1)	(this	hospital)	ottended	the	decepsed	fram_	
		e la co	done		J -1					10	

that (I) (we) lost and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated

CITY OF TOWN

obove, (1) (we) (did) (did not) view the body ofter death. 22h SIGNATURE

ATTENDING MEDICAL PHYSICIAN | DIRECTOR

PHYSICIAN [

22c, DATE SIGNED

STATE

22e ADDRESS

DEGREE

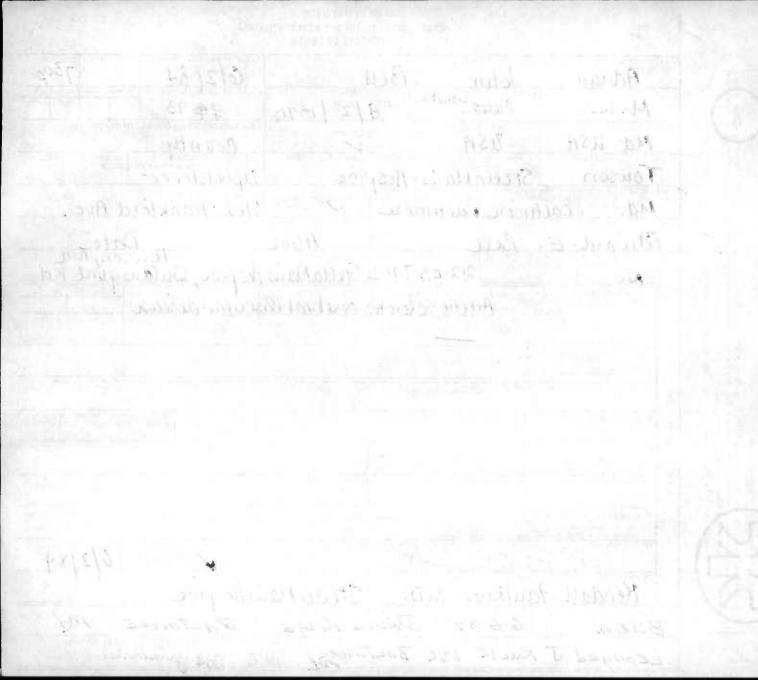
STREET

DHMH - 16 50M 4/B2

(VRA 15, 4)

EGNARD J RUELS INDOSES BALTIMORE

Wia Dauxdron



STATE	OF	M	ADVI	AMD	
JIAIE	UL	m	ADIL	AND	

	T OF HEALTH AND MI ERTIFICATE OF DE	ENTAL HYG	REG. 1	٧٥.		8	4	d.
E	BELL		2a. DATE OF DEATH	MONTH 6	16	84	26. HOL	155
5.	DATE OF BIRTH		& AGE (IN YEARS LAST B	IRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
PO	NONTH DAY	VEAR	73	5 YRS	MONTHS	DAYS	HOURS	MIN.
COUNTRY? 8.	-1		9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

4. RACE 3. SEX 7h CITIZEN OF WHAT 7a. BIRTHPLACE

136 COUNTY

MIDDLE

MARRIED NEVER MARRIED WIDOWED

120 USUAL OCCUPATION

RETIRED

12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LANDSCAPER

ID. CITY OR TOWN OF DEATH DUSON

FRANK

190 DATE OF OPERATION

22s I certify the

Mark

77h SIGNAT

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN BALTIMORE PIKESVILLE

MIDDLE

13d. INSIDE CITY LIMITS? YES F NO I

13e STREET ADDRESSY/ ZIP CODE 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME

CERTIFICATION

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

COLINTRY

LAST BELL.

NAME OF HOSPITAL, NURSING HOME OR OTHER

LTLLTAN 17 INFORMANT

ADDRESS

WHITEN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO

MARYLAND

16b. SOCIAL SECURITY NO. 216 12 0173A

MRS. LILLIAN E. BELL 7118 WALNUT AVENUE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Cerebrovascular Arteriosclerosis with PART I. DEATH WAS CAUSED BY Cerebrovascular Accident Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Parkinson's disease

Leavey.

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

211 LOCATION The PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Hended the deceased from

21L HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

MEDICAL

COUNTY CITY OR TOWN

(our) opinion death occurred on the date and hour and from the causes stated 22L DATE SIGNED

PHYSICIAN PHYSICIAN 22e. ADDRESS

7600 Osler Drive Towson, MD 21204

23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL

22d PHYSICIAN'S NAME (TYPE OR

I

23L NAME OF CEMETERY OR CREMATORY

and that in

DEGREE

23d LOCATION CITY OR TOWN

STATE

June 84

24 FUNERAL DIRECTOR LEWIS T. GWYNN

4517 PARK HETGHTS AVENUE

ST. THOMAS CEMETERY RANDALLSTOWN 25h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL

MPORTANT:

VIC. 53071 . 10 W REPLOEDED OF THE SECOND STATES NAMES OF THE PARTY OF THE STATE An also in the As dance . 216 12 0173, 25. 22 24 . E to 7:13 11 TO A VENUT

DUMLAL 6/21/34 ST. PRAIS CLASTER CARLETON (SANO.) 13.

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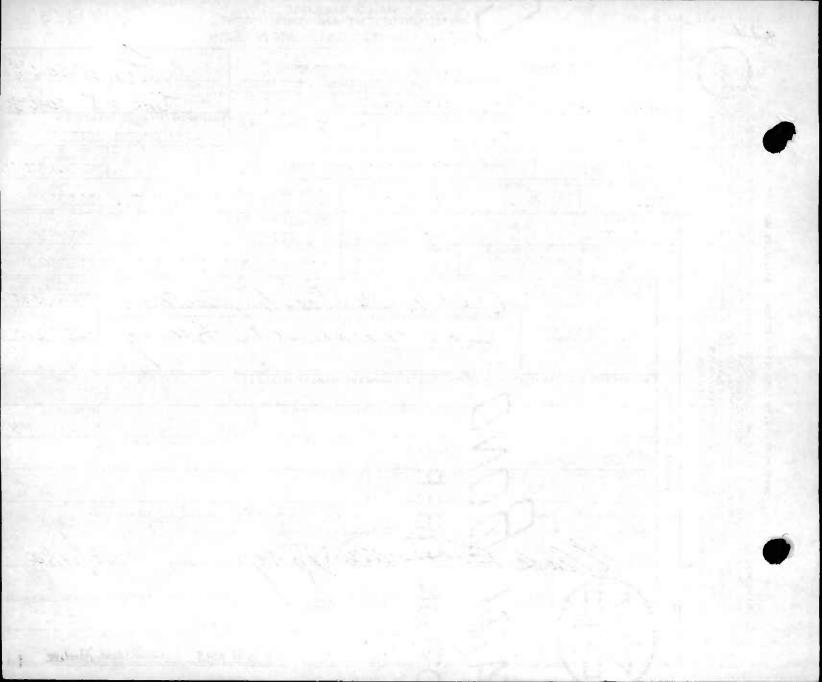
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completel should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages of Health and Mental Hygiene priar to burial, cremation, or removal, and in any event, within R has retoined by the hospitol or ottending physicion.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENP CEPTIFICATE OF DEATH

m _:		CERTIFICATE OF DEATH	
Depi		CEASED-NAME First Middle Last 2a. DATE OF DEATH Appear print 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Year 1 OS
r. p	_	HELEN ITARIE DELL 6 5	8°4 105 pm
	3. SE	Last tratafact	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	X	211978 1071 5 1-5RNAK1921849 48 ARS	
XZ	7o. B	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	- ~ ~ .
1	1	ARTIANO U.S.H. WIDOWED DIVORCED DALLI MORE	
58	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
me	130.	USUAL RESIDENCE (Where deceosed lived if institution; Residence before 13c, CITY OR TOWN 13d, INSIDE CITY AIM/ITS? 13e, STREET AND NUMBER	2,1234
50	apmı	STORE AND BALT: MORE YES NO 2807 HARV	15W AVE.
20	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
800		JOHN KEILLY MARY	CARROLL
2		WAS DECEASED EVER IN U.S. ARMED FORCES? BS, na, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 213283318 TAMED FORCES? Address Address	\$41 - 1 V
0		18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:	May
		4292 DUE TO, OR AS A CONSEQUENCE OF CASH ormale diserse	18
		Conditions, if any, which gave)	
7		rise to immediate couse (o), to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	2	V'hermi's	
1	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONTINUES OF DEATH?	ONSIDERED IN CERTIFYING
9	MEDICAL CER	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY occurrence of injury in Part 1 or Port 2, or continuums Cause of DEATH HOUR A.M. Month Doy Yeor P.M. 19	Item 18.)
	MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While at wark at work at work	Caunty State
		22a certify that (1) (this haspital) attended the deceased fram 19 ta 19	
13		saw the deceased alive an	te and hour and fram the
		causes stated abave, (I) (we) (did) (did nat) view the bady after death.	DATE STGNED/
		DEGREE PHYS. ATTENDING MED. DIRECTOR DIRECTOR PHYS.	184.
		22d. PHYSICIAN'S RACH V. PATRICIO 22e. ADDRESS	
	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	B	REMOVAL (Specify) JUNE 8 1984 GARDENS OF FAITH ESSEX BAL	TIMORE MO.
5M	24.	FUNERAL DIRECTOR ADDRESS 8800 RD 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE Jandare
3/11	7	VANS CHAPILOF MINORIES HARFORD DATE JUN 8 284 gulian	Jan A Color - N





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🗃 CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 2b. HOUR

- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) mari 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 3 SEX DATE OF BIRTH MONTHS DAYS HOUR5 MONTH YEAR 40 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED MARYLAND YPE COUNT WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BIUS POINT CRAB TOWSON, MI OSEPHS HOSPITA USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21224 BALTIMORE 410N ALOVER NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST OUISE ENN BRAMBLE ORRIS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. James O. Bentley - 410 N. Glover No APPROXIMATE INTERVAL BETWEEN CHOST AND DEAT III. CAUSE OF DEATH Enter only one couse per lingfld PART I. DEATH WAS CAUSED BY ceence IMMEDIATE CAUSE IS neumonia Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:00 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 71e PLACE OF INJURY COUNTY STATE STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (the haspital) attended the deceased from sow the deceased alive on (our) opinion death occurred on the date and hour and from the causes stated and that in obove, (I) (we) (did (did not) view the body in the DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 27# ADDRESS 73c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL BALTO, STATE (SPECIFY) BURIAL PK. CEM. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR lia Davidson-Handell

DHMH - 16 50M 4/83 (VRA 15, 4)

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death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the haspital or attending physician.

-	FOR	DEPAR	TMENT OF HEALTH	ARYLAND AND MENTAL HYG	IENE 8 4	5 1 3 8
- ['	- STATE REGISTRAR		CERTIFICATE		REG. NO.	1
	DECEASED NAME FIRST	W.	Belia	NS	20 DATE OF DEATH MONTH	-10 - 84 1/25
3.5	FEMALE	WHITE		DAY - YEAR 13 - 90	6. AGE (IN YEARS LAST BIRTHDAY) 93 YR	IF UNDER 1 YEAR IF UNDER 24 H
76.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED [] N	EVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
2	MARYLAND	US	WIDOWED	DIVORCED [BAIte	o. Country
10	CITY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHE	RINSTITUTION	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN	
J 13a	a. STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO JNTY 13c. CITY OR TOY timore		SIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
30	FATHER'S NAME FIRST William	H. Bidds	200	THER'S MAIDEN NAMERS TO CLARA	MIDDLE	Schultz
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)		. Earl B	evans 10401	2122 Bird River R APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	UENCE OF			
NO		CONDITIONS CONTRIBUTING TO	LO VOICE			GIVEN IN PART 110 nall nauff
GERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS	PERFORMED		YES, WERE FINDINGS WAR RTIFYING CAUSES OF DEATH? YES NO
4	0	EATH HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
1 8		21e. PLACE OF INJURY		CATION	CITY OR TOWN	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OFFICE	FARM, ETC)	STREET	CITA OKTOMA	COUNTY STATE
MEDICA	27a.1 certify that (1) (this hasp say the deceased alive a above/(1) (we) (did) (did n	pital) attended the deceased fram	9-20	19.83	. to G - 10	, 19 33, that (I) (we) hour and from the causes stated
MEDICA	270. I certify that (I) (this hasp	pital) attended the deceased from the property of the pody after death. Way,	9 - 26 83, and that i	n (my) (our) apinian o	. to G - 10	, 19

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR
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STATE OF MARYLAND

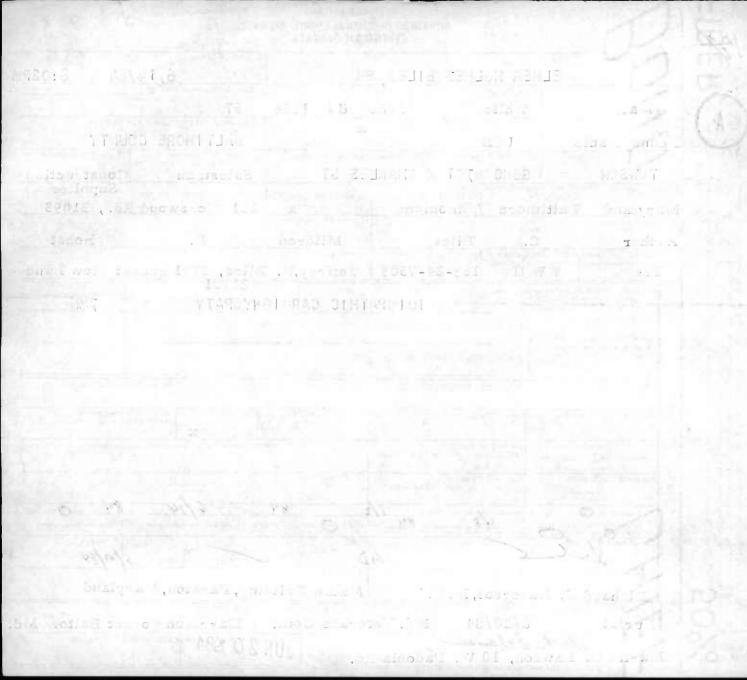
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH 26. HOUR DECEASED NAME MIDDLE (TYPE OR PRINT) 6/14/84 ELMER HOLMES BILES SR. IF UNDER I YEAR 5. DATE OF BIRTH 3 SEX MONTH 1926 Male White Dec. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY Pennsylvania USA DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOWSON N CHARLES Construction Salesman 6701 Supplies USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 221 Rickswood Rd., 21093 Marvland Baltimore Timonium 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Mildred Bobst B. Biles Arthur ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Yes no or unknown) Jeffrey, H. Biles, 5791 Sunset View Lane 168-24-7308 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY. 7MN IDIOPATHIC CARDIONYOPATY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [71m. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. I NOT WHILE 220.1 certify that (this hospital) attended the deceased from sow the deceased alive on above (1) (we) (did) (aid no) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING STAFF PHYSICIAN TOTRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) Malaw Building, Parkton, Maryland Richard C. Habersat, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23d LOCATION Burial 6/20/84 Md. Veterans Cem. Garrison Forest Balto. 250 DATE RECOBY 984 RAR BLAUBECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

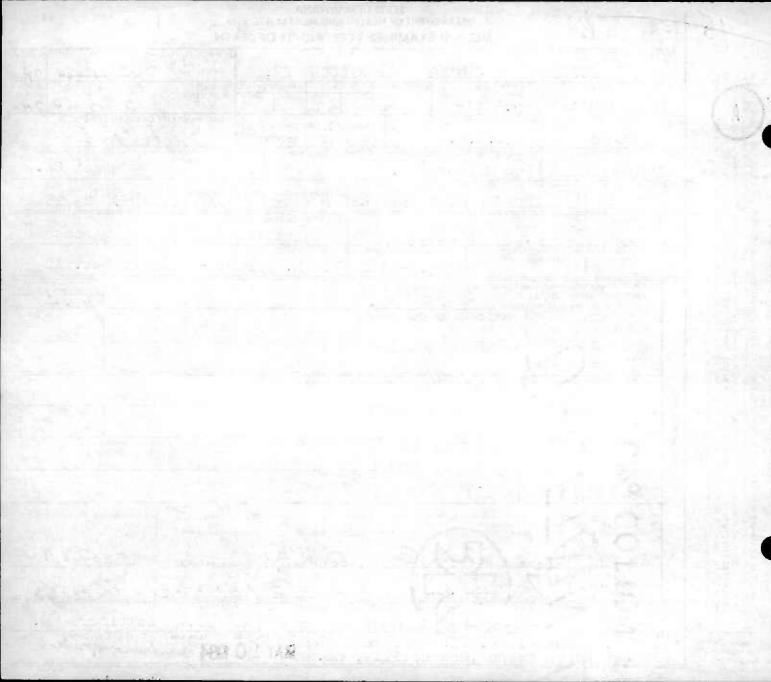
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MPORT

Martin D. Lawson, 10 W. Padonia Rd.



STATE OF MARYLAND



TOPP OF THE PROPERTY GENERAL STATE OF THE PROPERTY STATE STATE OF THE PROPERTY STATE OF TH	+ 1.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
THE BIRTHPLACE (STATE OFFORM ON THE CHIZEN OF WHAT COUNTRY) THE BIRTHPLACE OFFORM ON THE STATE OF WHAT COUNTRY OF WHAT COUNTRY ON THE CHIZEN OF WHAT CHIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF WHAT CHIZEN OF			F. BI	ackert	20. DATE OF DEATH W	1 1
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SUBJECT STATE ST	00 A/A	COUNTRY)	11 6 1		Baltimore city or	e County, MO
13s STATE 13s COUNTY 13s CITY OR TOWN 13s MISSIDE CITY MISSIDE CITY MISSIDE COUNTY 13s MISSIDE CITY	1388	altimore, Md	(IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	LIVE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
THE FATHER'S NAME THE WAS DECEASED EVER IN U.S. ARMED FORCES? If yes, go runnown in the yes, gore was ordered to the terminal display of the yes, gore was ordered to the terminal display of the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore was ordered to the terminal display or the yes, gore the yes, go		STATE 136 COUNTY	13c. CITY OR TOWN	134. INSIDE CITY LIMITS?		ZIP CODE AVE. 21234
16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7/ INFORMANT ADDRESS 21234 17	130	ATHER'S NAME	1241	EIRST	MIDDLE	LAST
PART I. DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to		YES, NO OR UNKNOWN) (IF YES, GIVE W.	D FORCES? 166 SOCIAL SECURI	0 00	0 .	- 7700 WILSON A
198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES YES NO YES NO YES NO YES NO YES NO YES YES NO YES NO YES YES YES NO YES YES YES NO YES	d by the continuous proper lease remove corbon deple icit. Cremotice, or removal, or other traumatic event. It	Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (c)	ce of	rest	- /ha
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 27e. I certify that (I) (this haspital) attended the deceased from	or to thur y injury.	William .	trauma Rive	It UPAU Lid +	-onsit	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 27e. I certify that (I) (this haspital) attended the deceased from	STIFICA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
27a. I certify that (1) (this haspital) attended the deceased from 6 - 1 - 1 - 19, to 6 - 13 - 19, that (1) (we) lost saw the deceased always a coverage of 19, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above (1) (we) (did (did not) view the body after death.		OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	YEAR 19 211 LOCATION		
	RECTOR, After and for vie on the ps of Health or em 21 is marke	220. I certify that (I) (this haspital) saw the deceased always above (I) (we) (did (did not) v	17-1311	, and that in (my) (aur) apinian	to 6-13-1 deoth occurred an the dat	te and haur and from the causes stated

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR - 7527 Hards

236. DATE 6-18-84

236. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OF CREMATORY

MEADOWRIDGE CEM.

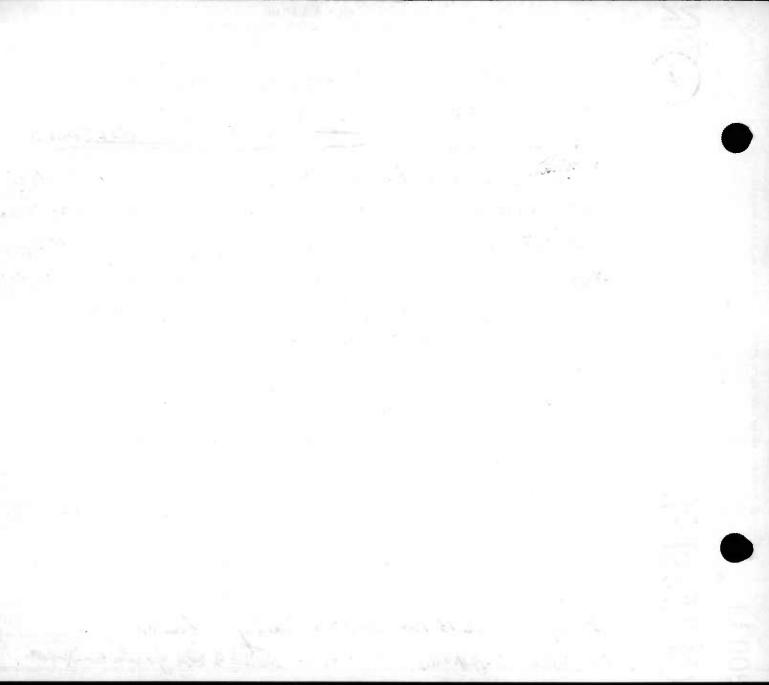
23d. LOCATION
COUNTY
BALTO.

25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

hia Davidson-Randelle

P2 - 17-1524 559 MANUEL NAME OF THE PARTY OF THE CALL GESTINE HOSPITAL GLAS GUESTAL GARD Vis Directo Printe. K Troc Wilconday 2/434 YES WHI I 212-20 1318 Marchanded Black - Trop Wichell Are the second second second second with the man and the manual to the same the wall of ASP B I will got the habout to at a will the wall of

	I	STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO. REG. NO.
to may be		DECEASED NAME FIRST MIDDLE LAST 28. DATE OF DEATH MONTH DAY YEAR 28. HOUR PROPERTY OF DEATH MONTH DAY YEAR 28. HOUR COMPRENTY OF DAYS HOURS MIN DAY YEAR AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UMDER 24 HBS MIN DAY YEAR AGE (IN YEARS LAST BIRTHDAY) HOURS MIN DAY YEAR AGE (IN YEARS LAST BIRTHDAY)
he funeral difference of the within 72 hours	7	BIRTHPLACE ISTATE OR FOREIGN COUNTRY? The CITIZEN OF WHAT COUNTRY?
rithin 24 hours of rely filled in by the 2 should be filled	5 13	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 136 COUNTY 137 CATANANA 137 CATANANA 148 INSIDE CITY LIMITS? 15 MOTHER'S NAME 15 MOTHER'S MAME 15 MOTHER'S MAME 15 MOTHER'S MADE 1651 1651
SALTIMORE, MAR solution and comple opers. Pages 1 and vol.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 131, 254 C C ADDRESS 95410029- (VES, NO GYUNKNOWN) IN YES, GIVE WAR OR DATES) 220-78-6202 Maryellen Smith APPROXIMATE INTERVAL APPROXIMATE
that the death certificate that the aleant certificate ease remove carbonpape of cremotion, or removal.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
S SEPT	2 North Carlot	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11G1 CLYCLIC SCLIC DUPLIC — BPH— CLUSCIC SCLIC A SCLID 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? YES NOW YES NO 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTERN 18, PART 1 OR PART 2)
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir r otherding physician. Wher this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or thermal shows ony injury	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK OCCUPATION STREET STREET CITY OR TOWN COUNTY STATE
TO HOSPITAL CHAIRENDING OF THE POSPITAL CHAIRENDING OF TO FUNERAL DIRECTOR, A should be detoched for use with the Store Dept. of Heal I work the Store Dept. of Heal I for the Pospital Of	/	272. I certify that (I) this hospital) attended the deceased from 4-72-19-80, to 19-84, that (I) I live) los saw the deceased glive on 600ve. (I) we gird) did not) view the body after death. 272. SIGNATORE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DEGREE PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN Court of the course stated obove. (I) we gird physician DIRECTOR PHYSICIAN DIRECTO
BP	24	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY OF TOW



executed within 24 haurs after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital

poge 3 er death

campletely filled in by the funeral director.

Poge 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL	HYGIEI	NEO REG. NO.	*			
I DE	EASED NAME	FIRST		WIDDLE	L	AST	2	a DATE OF DEATH MON	NTH	DAY YEAR	2b HOL	JR
	OR PRINT)	SANTI		ROSE	BL	AZEK		June 15, 1			5:5	
3. SE	(- 4	RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDA	Υ)	IF UNDER I YEAR	IF UNDER	
	Female		Whi	te	Apri	1 25, 1895		89	YRS.	MONTHS DAYS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9.	BALTIMORE CITY OR C				
	Michigan		U.S.		WIDOWE	D DIVORCED		Baltimore C				MD
10 CI	TOWSON		(IF NOT IN SUC	HEACILITY, GIVE ST		r other institution		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Secretary -	ORKING LI	12b KIND O INDUSTRY alian En		
13a. S	AL RESIDENCE (IE NUR STATE (aryland	13b. COUNT Balti	Υ	GIVE RESIDENCE B 13t. CITY OR 1 TOWS	OWN	134 INSIDE CITY LIMIT	'S? 13	3e.STREET ADDRESS / ZII 625 Lake Dr			4	
14 FA	THER'S NAME Raymond	^	Fic	rucci		15. MOTHER'S MAIDEN ROSA	NAME	MIDDLE		Ronconi	ī	
16a: V	VAS DECEASED EVE			16b SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS				
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-74	-0831	Mr. Charle	s J.	. Blazek, Sr	. !	same as	#13	e
	Conditions, if ongove rise to imcouse (o), stote underlying cous	mediote ng the e last	(b) DUE TO, O	R AS A CONSE	QUENCE OF	MOI RELATED TO THE	TERMIN	NAL DISEASE OR CONDITI	ON GIV	VEN IN PART III	3	
TION												
TIFICA	190 DATE OF OPERA	TION	196. COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED			CERTI	S, WERE FINDIN FYING CAUSES ES []		TH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRE	D (ENTER NATURE OF INJURY IN	ITEM 18	PART I OR PART 2}		
MEDI	VHILE NOT WAT WORK ALW	HILE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFF	FICE, FARM ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY		STATE
	22a.1 certify that (sed alive on_		44.5		nd that in (my) (aur) api		to		19, ur and from the	, ,	
	276 SIGNATURE	allt	1 CO	mil	. W			MEDICAL STAFF DIRECTOR PHYSICIAN	40	6/1	5/84	
	234 PHYSICIĀN'S N			00		22e ADDRESS						
			Koppel					rthern Parky	vay			
	BURIAL, CREMATION	, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
	Burial		6-18-	-84	Most Ho	ly Podoo		Baltimon	re.			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

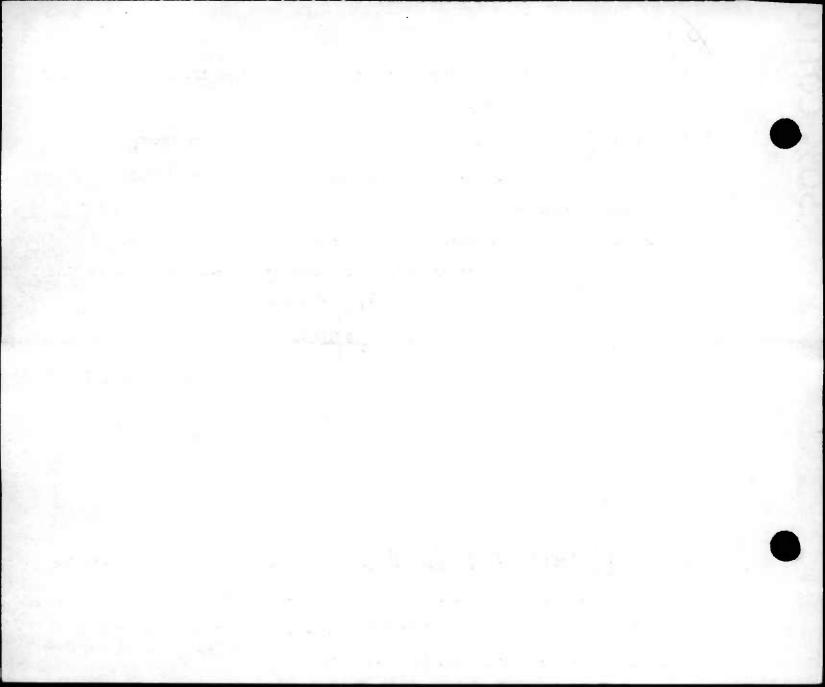
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the buriol-transit permit. Then please remave carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, crematan, or remaval.

injury, ar other troumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. 1050 York Road



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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

5. DATE OF BIRTH

REG. NO	D.			100
20. DATE OF DEATH	HINOM	DAY	YEAR	26. HOUR
6, 2, 1984	1			3:20
6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDE	RIYEAR	IF UNDER 24 H

AMONTH 26 1918 YEAR White Female Ta BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? Virginia USA

Elizabeth BLEVINS

MARRIED DEVERMARRIED WIDOWED

Baltimore County TYPE ONWEST SO MOST OF A TOP LIFE

BALTIMORE CITY OR COUNTY OF DEATH

65

126 KIND OF BUSINESS OR Wursing Home

O. CITY OR TOWN OF DEATH Rossville 21237

USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Middle River

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Franklin Sq. Hospital

YES NO NO 15. MOTHER'S MAIDEN NAME

Lonie

76 Cool Breeze Drive

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Maryland 14 FATHER'S NAME

I. DECEASED NAME

(TYPE OR PRINT)

3 SEX

Wilbur Smith

IMMEDIATE CAUSE (o)_

166 SOCIAL SECURITY NO.

Desper 17 INFORMANT Lacy B. Blevins, Husband

Same

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) CIE YES GIVE WAR OR DATES

PART I. DEATH WAS CAUSED BY:

224 03 2060

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

Heart Failure DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.

19a. DATE OF OPERATION

Lung Cancer

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	П
710. ACCIDENT WAS UNDERLYING	2
OR CONTRIBUTING CAUSE OF DEATH	
LIF EITHER NOTIFY MEDICAL EXAMINER)	1

IL TIME OF INJURY HOUR A.M. MONTH DAY YEAR

YES T NOV 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

214. INJURY OCCURRED NOT WHILE

19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211	LOCATION	
	STREET	

22a.1 certify that M (this hospital) attended the deceased from Ma.V sow the deceased alive on June 2 above, if (we) (did) (old Mt) view the body after death 22b. SIGNATURE

DEGREE ATTENDING PHYSICIAN 22e. ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (v) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

22c DATE SIGNED 4-2-8

224. PHYSICIAN'S NAME STYPE OF PRINT

Henri Montandon, M.D.

9000 Franklin Square Drive 21237

ı	23a BURIAL, CREMATION, REMOVAL
ı	Borial

134 NAME OF CEMETERY OR CREMATORY 1234 LOCATION Holly Hill Memorial Gardens RownBaltimore Co., Management Management Co., Management Management Co., Managemen

CERTIFICATION

MEDICAL

Funeral Home PA 1407 Old Eastern Ave

256 DATE REC'D. BY REGISTRAS 256 REGISTRAS'S SIS ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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	FOR 1 - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIFICATE OF DEATH	REG. NO.	5 9 5
	1. DECEASED NAME (TYPE OR PRINT)	1ZABEH	H.	BoCANi	26 DATE OF DEATH MONTH	ON YEAR 26 HOUR
	J. SEX FEMALE	4. RACE WHI	TE S. DATE	OF BIRTH 12 1897	6. AGE (IN YEARS LAST BIRTHDAY) 8 7 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
5	70. BIRTHPLACE (STATE OR FOREIT COUNTRY) Maryland	U.S.		IED NEVER MARRIED VED DIVORCED	9 BALTIMORE CITY OR COUNT	TY OF DEATH Baltimore MD
1	Dunds		OSPITAL, NURSING HOME PACILITY, GIVE STREET ADDRESS)		TIZE USUAL OCCUPATION / [TWO OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY Store
5	USUAL RESIDENCE (IF NURSING IT 130 STATE Maryland	HOME OR OTHER INSTITUTION, COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13. CUY OF TOWN Baltimore	13d. INSIDE CITY LIMITS? YES NO	3 STREET ADDRESS / ZIP COI	DE Ave. 21214
1	4. FATHER'S NAME FIRST Charles	MIDDLE H.	Duff Duff	15. MOTHER'S MAIDEN NA Catherine	WE	Lingan
2	(YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 217-05-3231	Francis J. 1	ADDRESS Bodani 808 W. 3	7th Street
	LI CAUSE OF DEATH (F	nter only one cause per	line (h) (h) chad (c)	1		APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate cause (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216. TIME OF INJURY 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (por) opinion death occurred on the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN PHYSICIAN 23e BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE

and Mental Hygiene prior to burial, cremation, or certificate hos burial-transit pe morked or Item 18 sh should be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is HOSPITAL Baltimore Burial June23,1984 Holy Redeemer 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md. (VRA 15, 4)

DHMH - 16 50M 4/83

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LAND Junia Davidson Mandale

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executed within 24 hours offer death.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				19

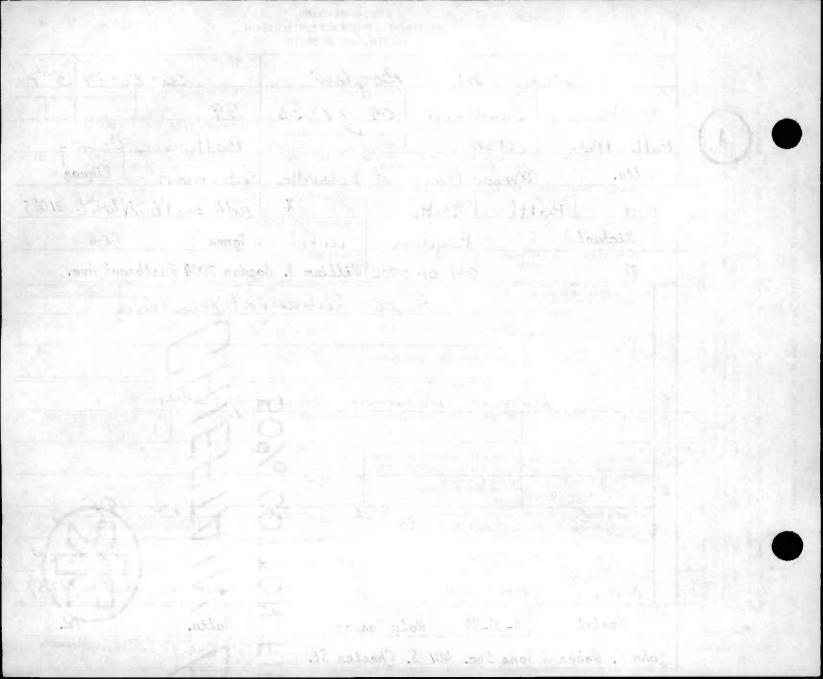
REGISTRAR		CERTIFICATE OF DEATH	REG. NO).
I. DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
Tuelle	am m.	Bogdan	0	6-22-84 3 PM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
male	Caucasio	n 09-19-05	79	YRS.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	HINTRY? 8.	9. BALTIMORE CITY O	R COUNTY OF DEATH
Balto, Md.	USA	WIDOWED DIVORCED	0 Baltin	ore County MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	
Balto.	My nor Co	are of Rossville	Sales ma	Liquor
USUAL RESIDENCE (IF NURSING HOME 130. STATE	DR OTHER INSTITUTION, GIVE RESIDE	OR TOWN 13d. INSIDE CITY LIMITS	S? 130. STREET ADDRESS	
	Lord Jop	pa YES NO	-2611 Fran	klinville Rd. 21085
14. FATHER'S NAME	WIDDLE	15. MOTHER'S MAIDEN	NAME	TACT
Michael	Boo	adan	Agnes	Giza.
160. WAS DECEASED EVER IN U.S. A		LAL SECURITY NO. 17 INFORMANT	ADDRE	
(YES, NOO UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 214 -	01-0762 William A.	Bogdan 7004	Eastbrook Ave.
18 CAUSE OF DEATH (Enter	only one couse per line for (c	o), (b), And (c),	, 1/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUS		Harle Jasal	wal House	Louis
IMMEDI	ATE CAUSE (o)			
Carl Picture of Land	DUE TO, OR AS A CO	ON SEQUENCE OF		
Conditions, if any, which gave rise to immediate	(b)			
couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF		
	(c)			DITION COURS IN DARK I
PART 2. OTHER SIGNIFICAN	lormal		brocep from	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	0007	R WHICH OPERATION WAS PERFORM D	20 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
FIC			YES T NOT	IN CERTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	12)c HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	
	DEATH HOUR A.M. MOI	NTH DAY YEAR	(2.10)	
OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19 21f, LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTOR		CITY OR TO	WN COUNTY STATE
AT WORK AT WORK		6/3 9	6/2	2 84
220.1 certify that (1) (this has			to death assured as the de	that (1) (we) lost one ond hour and from the couses stated
obove/(i)(we) /did) (did	ngt) view the body ofter deo	th. Ond that In (my)(our) opin	nion deoth occurred on the do	
226. SIGNATURE	lax mus	DEGREE	IG MEDICAL STAF	22c. DATE SIGNED
14. 17	20000-	PHYSICIA		IAN [0. 02.0]
224. PHYSICIAN'S NAME (TYP		120. ADDRESS	RRd, Kour a	No. 16 21237
NATI	HAROUN	0000 Riag	KA, Maner 4	We 134110 -1-31
23a. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY M STATE
(SPECIFY) Burial	6-26-84	Holy Rosary	Balto.	Md. STATE
24 FUNERAL DIRECTOR			DATE REC'D BY REGISTRAR	756. REGIATRARIS SIGNALURALES
John M. Weber d	Sons Inc. 4	01 S. Chester St.	10 N 2 3 1904	0.230

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, th



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cemple should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages | Britansit to State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. 1	NO.				
	CE ASED NAME	FIRST	A	MIDDLE	L.	AST	2a. DATE OF DEATH	HINOM	OAY	YEAR	2b. HOUR	
(TIPE	OR PRINT)	Leona	Eli	zabeth	Во	hrer		6	25	84	3;30P _M	
3 SEX	X	-	4 RACE		5. DATE C		6. AGE (IN YEARS LAST E	HRTHDAY)	IF UN	DER TYEAR	IF UNDER 24 HRS	
F	emale		White		монтн 9	7 1903	80	YR		15 OAYS	HOURS MIN.	
7a 81	RTHPLACE (STAT	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY			DEATH		
	country) ennsylv	ania	U.S.F	۸.	WIDOWE			imor	e C	ount	Y MD.	
10. C1	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPA	TION	12		OF BUSINESS OR	
D:	undalk			North E		ary Road		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic Private Home				
USU/ 13a. S		13b COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION]	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 8033 NO:	S / ZIP CO	ODE		21222	
	THER'S NAME	Dai	CIMOTE	Dundain		15. MOTHER'S MAIDEN N.		L CII	БОЦ	nuai	y Road	
T	oseph		J.	Hobda	177	Mamie	MIDDLE A.			Hor		
_	VAS DECEASED E	VER IN U.S. A		16b SOCIAL SECU		17 INFORMANT	ADD	RESS		Her	шу	
	YES, NO OR UNKNOW		VE WAR OR DATES)	234-38-			Gosen	Sa	me		L3e	
	18 CAUSE OF D	EATH (Enter o	nly one couse per	line for (a), (b), and	d (c).)				-		ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMATORIA. Breant 4-5 MC							Mos.				
			DUE TO, OI	R AS A CONSEQUE	NCE OF							
	Conditions, if		((b)									
	gove rise to	stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	underlying o	nderlying cause last.										
NO	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CO	NDITION	GIVEN I	V PART 1	0	
CERTIFICATION	19a DATE OF OF	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				
ERT	21a. ACCIDENT WA	S UNDERLYING	7 21b. TIME O	F INJURY		21c HOW INJURY OCCU		JURY IN ITEM		OR PART 2)		
AL C	OR CONTRIBUTING		AIN	M. MONTH DA					,			
MEDICAL	21d. INJURY OC	CURRED	R) P.		19	211 LOCATION			_			
¥	WHILE N	OT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE F		STREET	CHY OR 1			COUNTY	STATE	
			attended th			/84				84	that (I) (we) last	
	saw the de obave, (1) (s	rceased alive a we) (did) (did n	5/23/ of) view the body	ofter death.	, or	nd that in (my) (aur) apinior	death occurred on the	date and	hour and	from the	couses stated	
	22b. SIGNATUR		4			DEGREE				22c. DATE	SIGNED	
	1	V170-			1	M. D. ATTENDING	MEDICAL ST.	AFF ICIAN []		6/	126/84	
	22d. PHYSICIAN	'S NAME (TYPE	OR PRINT)			22e ADDRESS	. 2				• 1	
	11	M.	TAQI	m.D.		1576 Men	itt Blup	2/2	22			
23a. 8	BURIAL, CREMAT	ION, REMOVA	236. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
B	urial		6/29/	1984 U	Inion	Chapel	Berkel	ey S	pri	ngs	W.Va.	
	JNERAL DIRECTO	R Duda-		Inc.			TE REC'D. BY REGISTRA					
79	922 Wis	e Avei	•	undalk,	MD.	21222	N 2 8 1984	ishie	David	oon-A	andelle	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopopers. Pages fand 2 should be filled with with the State Dept. of Health and Mental Hygane prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 state that injury, or other traumontic event, tits medical examinetaries be hapfied.

ugeral director

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

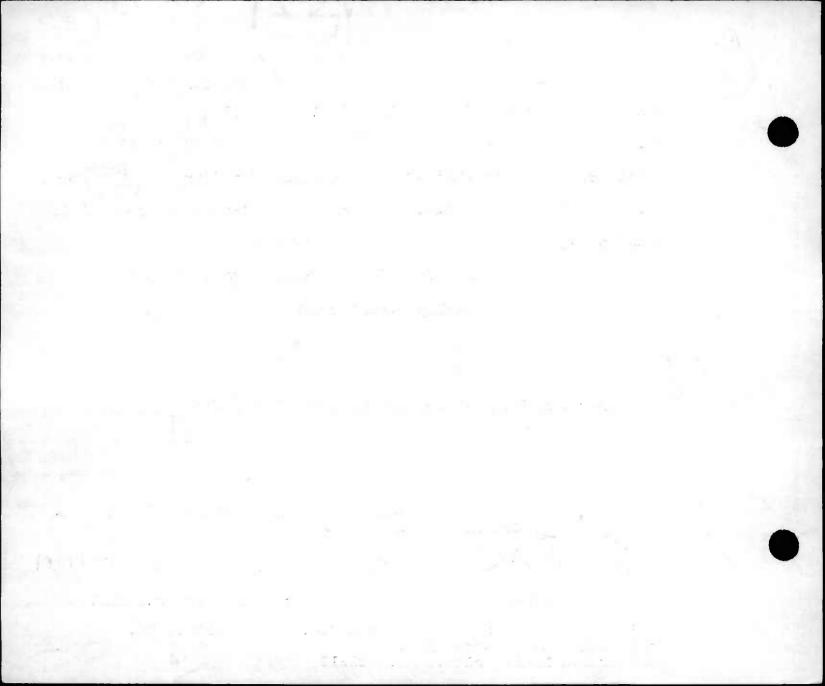
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1 -	REGISTRAR				(ERTIF	ICATE	OF DEA	TH		REG.	NO.				
	CEASED NAME	FIRST		WIDDLE		L	AST			20 DATE			DAY	YEAR	2b HO	JR
TITPE	OR PRINT)	Henr	rc r	J.		Bonl	hag			Tune	<u> 14</u>	1984			3.4	OA M
3 SE	x	220111	4 RACE				F BIRTH			6 AGE (IN	YEARS LAST			ERIYEAR	IF UNDER	R 24 HRS
М	lale		Cauca	sian	1	2^{MONTH}	0-1	902	YEAR	81		YRS	MONTHS	DAYS	HOURS	MIN,
	RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	F WHAT COL	INTRY? 8			VER MAR	DIED []	9 BALTIM	ORE CITY	OR COUN		ATH		
M	Id.		U	ISA		VIDOWE			CED	Balt	timor	e Cou	nty			MD.
)0 CI	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL,	NURSING I	HOME O	OR OTHER	RINSTITU	TION	12a USUA		TION TOF WORKING	12b	KIND O	F BUSIN	ESS OR
	altimore		Fr	ankli	in Sc	uar	еН	ospi	tal	Chau			50	EAL!	ge grp	
13a. S	AL RESIDENCE HENE	TISHING HOUR OF	THER INSTITUTION	N. GIVE RESIDEN	CE BEFORE AD	MISSION)	t 13d INS	IDE CITY	LIMITS? 1	13e STREET	ADDRES	S / ZIP CO				
M	id.	£.	11000	Balt			YES	X NO		3236	Ken	yon	Ave	21	213	
14. FA	ATHER'S NAME		WIDDIE		AST		15. MO1	HER'S MA	AIDEN NAA	ΛE	MIDDLE			LAS	i.	
J	ohn Bonl	nag						U	Inkno	wn						
	WAS DECEASED EVE		MED FORCES?		AL SECURIT		17 INF	DRMANT			ADD	RESS				
	0	1		212-0)3-49	35	Id	a Bo	nhag	sa	me a	s ab				
	18 CAUSE OF DEA	ATH (Enter or	nly one cause pe	er line for (o)	, (b), ond ic	4,1								BETWEEN	MATE INTE	RVAL D DEATH
	PART I. DEATH		ED BY: TE CAUSE (0)	Cardi	iopulr	nona:	rv a	rres	t							
	4275		DUE TO. (OR AS A CON	NSEOUENO	E OF										
	Conditions, if or		(b)_													
	gove rise to in	ting the	DUE TO,	OR AS A CO	NSEQUENC	E OF										
	underlying cou	se last.	(c)_													
z	PART 2 OTHER SI		_									NDITION (SIVEN IN	PART 10	э,	
CERTIFICATION			Heart	Failu						rillat		201 IE 1	YES, WER	EENIDA	ICC HCE	
1 2	190 DATE OF OPER	ATION	196 CONI	DITION FOR	WHICH OF	EKATIOI	N WAS F	EKPOKMI	ED			IN CER	TIFYING		OF DEA	TH?
E .	21a, ACCIDENT WAS L	INDERIVING F	7 21h TIAAE	OF INJURY			121, HC	W/ INTHID	V OCCUBB	YES L	NO		YES	D 0 4 B 1 C1	NO [
	OR CONTRIBUTING	-		A.M. MON	TH DAY	YEAR	ZIL IIC	AA IIATOK	TOCCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM I	8 PART I OF	(PART 2)		
MEDICAL	(IF EITHER, NOTIFY ME			P.M.		19	211.10	CATION								
MEC	21d INJURY OCCU	WHILE	(AT HOME, S	E OF INJURY STREET, FACTORY,	OFFICE FARM	ETC)	211 10	STREET			CITY OR	IOWN	CC	YIMUC		STATE
1	AI WORK AT V	VORK				ine .	13		. 84	J1	me I	4	19.84	<u>a </u>	. 54	
	22a I certify that							(OU	/	deoth occur		-			that X	
	obove, W (we	(did) (did)	June	ly olter death	١.		DEGREE		, -,			0010 0110 1			SIGNED	
	220. SIGNATIONS	· N	2A	-		~	\		NDING _	MEDICA	L S1	AFF	. "	10-1	310110	14
4	22d. PHYSICIAN'S	NAME LIVES	OR PRINT)	-		-	27e AF	DRESS	sician [DIRECTO	R PHYS	SICIANI	- 1		1 (,
1												•				
22- 6			don, M)	22. 5144	AF 07 6		9000 Y OR CREA		clin S	Squar	e Dr.	, 21	237_		
	BURIAL, CREMATION	N, KEMOVAL		0.4						CI	TY OR TOWN		4000	41.4		STATE
	urial	. R	6-16				wn	Cem.		E REC'D. BY	alto REGISTRA			SIGNAT	LIRE	
	CH4 MUHEI						212	1 2								
1 3	331 Brel	யாத ப	ane, B	alto.	, MO		212	T 2	LUITE	1 9 10	197	1	Maria	- Chan	TOTAL	,

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retained by the hospital or attending physician.



OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may

STATE OF MARYLAND

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		REGISTRAR CEASED NAME	FIRST		MIDDLE		LAST	REG. N 20. DATE OF DEATH	MONTH .	DAY YEA	R 26. HO
		OR PRINT)									
	3. SE.	×	Esther	r Ruth	BOSCH .	IS DATE (OF BIRTH	June 29	1984	IF UNDER LY	EAR GENTLE
		emale		White	е		H 11 14918 YEAR	66	YRS.	MONTHS DA	
35	7a. B	IRTHPLACE (STATE O	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	ED XXNEVER MARRIED DIVORCED DI	Baltimore City			
57	1.00	ossville 2			HOSPITAL, NURSII		OR OTHER INSTITUTION	USUAL OCCUPAT	ION	12b. KIN	pofbusin
35	USU. 13a.	at residence (# NU	13b Dale	imore	RosedaTe		13d. INSIDE CITY LIMITS?	13.5853 ADES	reak	Terra	ce 2
30	14. FA	Edward	i Rű	inge	LAST		15. MOTHER'S MAIDEN NA.	Davis MIDDLE		ž ni	LAST
1	16a. \	WAS DECEASED EVE YES, TOOR UNKNOWN)		MED FORCES? WAR OR DATES)	216 01		Charles Bosc	h, Husband		Same	
		Conditions, if an			DR AS A CONSEQU Pulmonar		olism (Recurre	ent)		2	
	ATION	gove rise to in couse (o), stol underlying cou	nmediate ting the se last.	DUE TO, C	Pulmonar or as a consequ Deep Veit contributing to	y Fmba HENCE OF n Thra DEATH BUT	Ombosis T NOT RELATED TO THE TERM	NINAL DISEASE OR COM			
2	TIFICATION	gove rise to in couse (a), state underlying cou	nmediate ting the se last.	DUE TO, C	Pulmonar or as a consequ Deep Veit contributing to	y Fmba HENCE OF n Thra DEATH BUT	ombosis		20b. IF YI	ES, WERE FIN	IDINGS USI
29	CAL CERTIFICATION	gove rise to in couse (o), stol underlying cou	mmediote ting the se lost. GNIFICANT CO ATION INDERLYING CAUSE OF DEAT	DUE TO, C (c) ONDITIONS C 196 CONE A 216 TIME C HOUR A	Pulmonar OR AS A CONSEQU Deep Veit CONTRIBUTING TO DITION FOR WHICH OF INJURY	y Fmba HENCE OF n Thra DEATH BUT	Ombosis T NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NOTE:	206. IF YI	ES, WERE FIN TIFYING CAU YES	NDINGS USI SES OF DEA NO
29	MEDICAL CERTIFICATION	gove rise to in couse (a), stole underlying could part 2. Other SK	ATION INDERLYING CALESTANDICAL EXAMINER)	DUE TO, C (c) ONDITIONS C 19b. CONE 21b. TIME HOUR A F 21c. PLACE	Pulmonar OR AS A CONSEQUE DEED Veit CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D	Y Fmhx JENCE OF Thry DEATH BUT H OPERATION DAY YEAR 19	Ombosis T NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR	200 AUTOPSY? YES NOTE:	20b. IF YI IN CERT Y URY IN ITEM TB	ES, WERE FIN TIFYING CAU YES B PART I ORPARI	NDINGS USI SES OF DEA NO
29	10000	gove rise to in couse (a), stolunderlying could part 2. OTHER SK	ATION ATION INDERLYING [] CAUSE OF DEAT DICAL EXAMINER] Th (this hospite)	DUE TO, C (c) ONDITIONS C 196 CONE 196 CONE 196 CONE 196 CONE 197 CONE 198 CON	Pulmonar DR AS A CONSEQUE DEED Veit CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE. The deceosed from	Y FMAX PENCE OF THY DEATH BUT H OPERATIO PAY YEAR 19 FARM, ETC.) June 2	Ombosis T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION SIREET 25 19 84 and that in (App.) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOTER NATURE OF INJURE TO June 200 death occurred on the common of	206. IF YIN CERT IN CERT IN OWN	ES, WERE FINTIFYING CAUYES COUNTY B PART I OR PART COUNTY	NDINGS USI SES OF DEA NO
99	10000	PART 2. OTHER SK 19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING (# EITHER, NOTIFY ME 21d NUMBER OF OPER 22a. I certify that (1) 32b. I certif	ATION ATION MDERLYING CAUSE OF DEAT DICAL EXAMINER) Th (this hospital) AME THE ON	DUE TO, C (c) ONDITIONS C 196 CONE 196 CONE HOUR A F 21e. PLACE (AT HOME, S)	Pulmonar DR AS A CONSEQUE DEED Veit CONTRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH D P.M. TREET, FACTORY, OFFICE. The deceosed from	Y FMAX PENCE OF THY DEATH BUT H OPERATIO PAY YEAR 19 FARM, ETC.) June 2	Ombosis T NOT RELATED TO THE TERM ON WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET 25. 19.84 and that in (say) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJECTION TO June 20 death occurred on the company of the company	206. IF YIN CERT IN CERT IN CERT IN OWN	ES, WERE FINTIFIED COUNTY COUNTY 19 84 our ond from 720, D	NDINGS USI SES OF DEA NO

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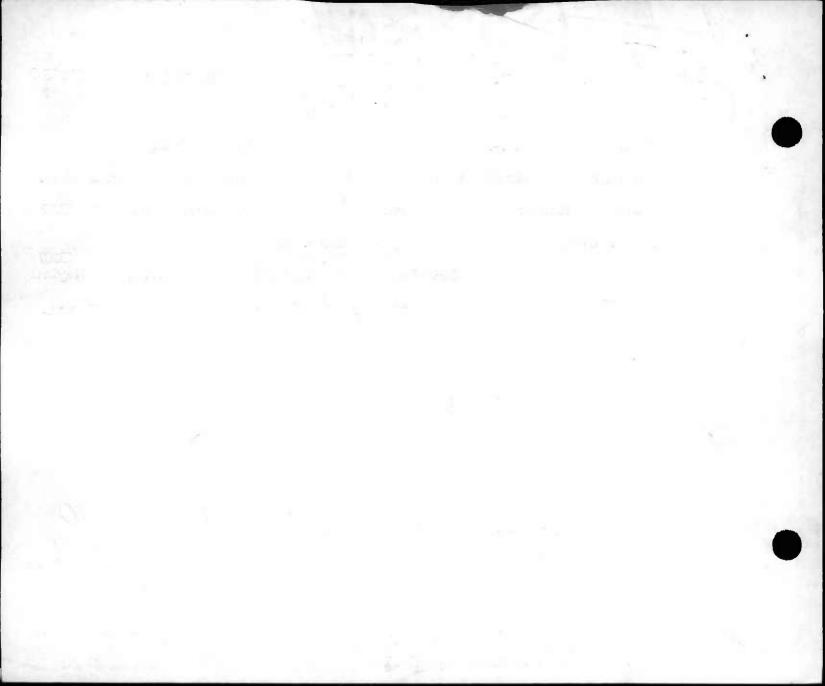
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MARYLAND 21201		
BALTIMORE,		
PRESTON ST.,		
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20		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21		

T. DECEASED NAME (TYPE OR PRINT) Mr. Elmer W. Bosley 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY FROM FEDORARY 23 1913 71. SETATE OR FOREIGN WIDOWED WIDOWE	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 25. NTY OF DEATH MD. 12b. KIND OF BUSINESS OR
Mr. Elmer W. Bosley 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY VEAR 6. AGE (INVEARS LAST BIRTHDAY) 7. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland 7. CITIZEN OF WHAT COUNTRY? Maryland 7. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Randallstown 12. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF WORK FOR MOST OF WORKING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS / ZIP CO 3804 Brownhill	F UNDER 1 YEAR F UNDER 24 HIS MONTHS DAYS HOURS MIN. RS. NTY OF DEATH 12b, KIND OF BUSINESS OR INDUSTRY
Male Caucasian February 23 1913 7a. BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Parallstown Neridian Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) 13a. STATE 13b. COUNTY Maryland Baltimore S. DATE OF BIRTH MONTH DAY February 23 1913 7. YEAR MARRIED NEVER MARRIED MARRIED NEVER MARRIED PARABLITHORY PROPRIED NEVER MARRIED PROPRIED NEV	NTY OF DEATH MD. 12b, KIND OF BUSINESS OR INDUSTRY
Male Caucasian February 23 1913 7a. BIRTHPLACE STATE OR FOREIGN COUNTRY) Maryland U.S.A. WIDOWED DOWNCED BALTIMORE CITY OR COUNTRY 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 110 USUAL	NTY OF DEATH MD. 12b. KIND OF BUSINESS OR INDUSTRY
Randallstown Meridian Nursing Home or other institution. Give residence admission of the property of the prope	MD. 17b. KIND OF BUSINESS OR INDUSTRY
Randallstown Meridian Nursing Home or other institution. Give residence admission of the property of the prope	12b. KIND OF BUSINESS OR INDUSTRY
Randallstown Meridian Nursing Home or other institution. Give residence admission of the property of the prope	4G LIFE) INDUSTRY
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	Tutte Mill W.
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	Road 21133
FIRST MIDDLE LAST FIRST MIDDLE	LAST
Hilla K. Wie	
THE WAS DECEMBED FOR THE U.S. ANNIED FOR DATES! THE SACRET FOR THE PARTY OF THE PAR	21207
No 212-07-1297 3717 Oak Avenue Balti	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARTI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO). Causer of Purversa	1 how
DUE TO, OR AS A CONSEQUENCE OF	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b)	
governse to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. C) CONSEQUENCE OF Underlying couse lost. CONSEQUENCE OF UNDERLYING COUSE CONSEQUENCE OF UNDERLY	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
The date of Operation 196 Condition for which operation was performed 206 autopsy? 206. If	YES, WERE FINDINGS USED
THE CONTRACT OF THE CONTRACT O	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
The property was unprepayed. The Third OF IN HURY	
看 集集 OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. MONTH DAT TEAR	
716. ACCEPTING CONTRIBUTING CON	COUNTY STATE
	COUNTY STATE
220.1 certify that (I) (this hospital) attended the deceased from 19 20., to 20 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	. 19 (I) (we) lost
sow the deceased alive 120 19 89, and that in (my) our) opinion death accurred on the date and	hour and from the couses stated
DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	6/25/84
PHYSICIAN DIRECTOR PHYSICIAN DIR	
	2//33
BP. Rucial 6-27-84 Woodlawn Cemetery Woodlawn	Paltimore Maryland
MH - 16 50M 4/83 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 25b. REC	
	Miller Rando Da

STATE OF MARYLAND



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF NEALTH AND MENTAL MY GIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

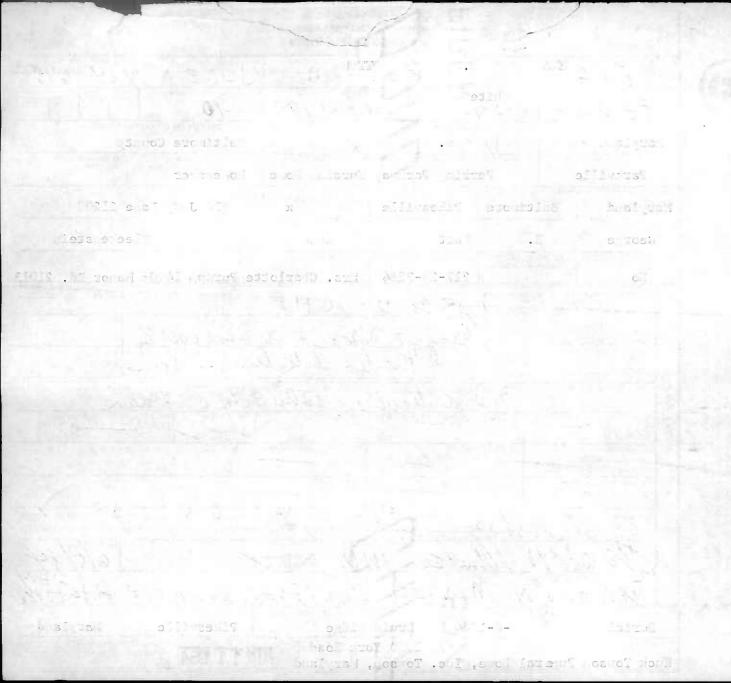
ĺ		CEASED NAME ORPRING A EVA	ANDDLE H.	BoBO	CTOMO M	20. DATE OF DEATH MONTH	Q JY	26. HOUR A
Į	1 SEX	FEMALE	RACWhite	5. DATE C	192/193	90 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	N	laryland >/	CITIZEN OF WHAT	A. MARRIEI	DIVORCED D	Baltimore City <u>or</u> County Baltimore Coun		MD.
1	10. C1	TY OR TOWN OF DEATH Parkville				20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126. KIND O INDUSTRY	F BUSINESS OR
	13a S	AL RESIDENCE (IF NURSING HOME OR C STATE 17yland 13b. COUNT Bal		DENCE BEFORE ADMISSION) TY OR TOWN IKESVILLE		36.STREET ADDRESS 4 ZIP CODE 830 Judy Lan	e 21208	3
	1	George B	• Ha:	rt	15. MOTHER'S MAIDEN NAM Anna	F1	eckenst	tein
		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	7-26-3284	Mrs. Charlot	ADDRESS te Purdum 14008	Manor F	Rd. 21013
1		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED 42 92 IMMEDIATE	BY: CAUSE (o)	CONSEQUENCE OF	- CHF	0 4	APPROXI	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), staffing the underlying couse lost.	(b) DUE TO, OR AS A	eg ft y	boulity l	Istopelly		
	NOL	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	CUCUL BUT	NOT RELATED TO THE TERMIN	POLIC LOAD	en.	- 13:11
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		, WERE FINDIN YING CAUSES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJUR HOUR A.M. MO	ONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM TO P)	IRT I ORPART 2)	
١	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	JRY ORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
I		220.1 certify that (I) (this hospital saw the deceased alive on obove, (I) (we) (did) (did not	(/22	19 84/	nd that in (my) (ayr) opinion de	oth occurred on the date and hour		that (1) (we) last causes stated
		778 PHYSICIAN'S NAME (Type on	V Many		7) 24	MEDICAL STAFF DIRECTOR PHYSICIAN	6/3	784
1		DON AZO	W. M/4	WIZER	3004 EVE	CERTEN ANT	= BA	STIME
1		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6-8-1984	Druid	EMETERY OR CREMATORY Ridge	Pikesville	COUNTY Mar	cyland

ADDRESS 1050 York Road

Ruck Towson Fure ral Home, Inc. Towson, Maryland

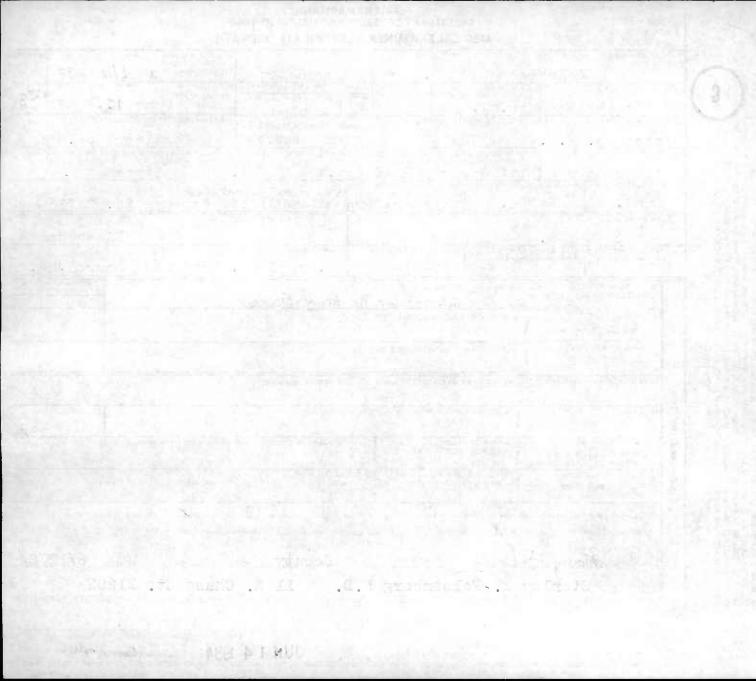
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR



	al examiner; this certificate should be executed within 24 hours after death. If any delay is nects, he certificate, writing the word "pending" in pencil in item 18. Give pages 1, 2, and 3 to the funds.	HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE S FOR	AL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH	TH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS, 301 W. 1995	1
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	JTEL Z PE	EXA	IAL-	ME	000
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1	I. DEC	EASED NAME	FIRST		MIDDLE	L	AST	20. DATE KNOWN	MONTH D	DAY YEAR	26. HOUR
1	(TYPE	OR PRINT)	Delphia	a	I.		Bradsher	OF ESTI-	6/11	1984	M
ı	SEX	4 RA	CE 5 D	ATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	RS IF UNE	DER 1 YR. IF UNDER 2	HRS 2c. DATE	MONTH D	DAY YEAR	14 HOUR
				ar.17,		S.		DEAD Jun		, 19 84	₽ BAM
1	FOR	THPLACE (STATE O		CITIZEN OF WH	,		D NEVER MARRIED		-		
		ance Co			SA PITAL NURSING HOME	OR OTHE		Balti 20. USUAL OCCUPATION (TYPE O			MD
ľ		isterst		IF NOT IN SUCH FAC	raway Roa			FOR MOST OF WORKING LIFE) Md. Cup Emplo		OR INDUSTR	RY
î	USUA	RESIDENCE (IF IN	NURSING HOME OR OTH	ER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	N)			900		
ľ	Ja. 51	Md.	Bal	to.	Reisters	town	YES NO 1	3e. STREET ADDRESS 111 Caraway	Rd.	21136	5
t	14. FA	THER'S NAME	MI	DIE	LAST		15. MOTHER'S MAIDEN			LAST	
ĺ)	David	W.		Pearce		Ethel		Zir	mmerma	an
	160. W	AS DECEASED EVE S, NO, OR UNKNOWN)	R IN U.S. ARMED		16b. SOCIAL SECURITY		17. INFORMANT	ADDRESS			
		No				072	Mr.Curtis	W. Bradsher	Lau	urel, N	
		18. CAUSE OF DEATH	ATH (Enter anly an WAS CAUSED BY:	e couse per line	far (a), (b), and (c).)	· Ti -	u. A 8			APPROXIMATE BETWEEN ONSE	T AND DEATH
1		4140	IMMEDIATE CA		ATRICAS AS A CONSEQUENCE O		Harry Dison.	(0)			
1		Canditions, if		DOE 10, OK	AS A CONSEQUENCE C)r			100		
1		gove rise to cause (a) stati		DUE TO, OR	AS A CONSEQUENCE O	OF.					
ı		lying couse lo	st.	(c)							
		PART 2 OTNER SIGNIFIC	ANT CONDITIONS CONTI	IBUTING TO DEATH I	BUT NOT RELATED TO THE TERMI	HAL OISEASE	OR CONDITION GIVEN IN PART	1 (0).			
I	TION	IA DATE OF ORE	2471011	Tion convenie			- 25050011500				
-	FICA	190. DATE OF OPE	KATION	IVE. CONDIT	TION FOR WHICH OPER.	ATION WA	12 LEKLOKWEDS			20. AUTOPSY	
	CERTIFICATION	21s. EXTERNAL CA	USEWAS	21b. TIME OF			W INJURY OCCURRED	JENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2	YES 🗆	NO
	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT		MONTH DAY YEAR	16.5					-
	MEDICAL	214 INTILIPY OCCI	IDDED	21e. PLACE C	OF INJURY (AT HOME,	21f. LOC	ATION	CITY ON TOWN			STATE
	×	WHILE AT WORK AT	WORK	STREET, FACT	OKT, PARM, ETC.)	51	KEE I	CITY OR TOWN	COUNT	Burger	STATE
				the remains des	cribed obove, held an	Autops	, Inspection	, Inquiry , ond	l in my apinio	an	
١		death resulted fro	am: Naturol co	uses X	Accident, Sui	cide .	Hamicide .	Undetermined manner .			
ı		/	141 00	-11			TITLE (SPECIFY)		0.175		
-		ACTUAL SIGNATURE	Haule 30	2 Centery		M.I	Deputy	MEDICAL EXAMINER	DATE SIGNED_	6/12	2/84
		EXAMINER'S NAM	Stanley	ZF	elsenberg	M.D	11 1	E. Chase St.	2120)2	
1	23o.Bl	(TYPE OR PRINT)			23c. NAME OF CEA		DDKESS	1233. LOCATION			
	(5	Burial	Ju	ne14,8			Memorial	Finksburg,	Md.	51	TATE
		NERAL DIRECTOR		ADDRESS				C'D. BY REGISTRAR 256. REGIS	TRAR'S SIGI		
	El	ine Fun	eral Ho		isterstow	n.Md	. JUN 1	4 1984 white	idon-1	Johnson	7



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

etained by the haspital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	**	-1	-10	.)	(1)	-2
3	-	- 1	2	fra	U	0
	REG NO.					- 3

	REGISTRAR	CERI	IFICATE OF DEATH	REG. NO		
	CEASED NAME FIRST	MIDDLE	LAST		AONTH DAY YEAR	26. HOUR
(110)	Elsie	Katherine Bragg		June 13.	1984	7:55A
3. SE		RACE 5. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	F	W	18/10	74	YRS	1100KS MI
7a. B	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
	MD.		WED DIVORCED	Baltimore	e County	
10. C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOM	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS
71 R	OSSVILLE	FRANKLIN	59	HSWE	TO THE STATE OF TH	
USU 13a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	N) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	> 1	162
5	MP BAL	TO WHITE MARS	. /		RD RIVER	SR.
14. F.	ATHER'S NAME	NDIE 14CT	15. MOTHER'S MAIDEN NA	ME		AST
0	JOHN B.	FORTMAN	CARRIE	PARLETI	,	451
		ED FORCES? 166 SOCIAL SECURITY NO		ADDRES		
3	YES, NO OR UNKNOWN) (IF YES, GIVE W	212-30-98	& LUCILLE	W000	ABOV	6
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)			APPRO BETWEEN	XIMATE INTERVA
	PART I. DEATH WAS CAUSED I	Wanting au law	acvetale			
	IMMEDIATE	CAUSE (8) VCIICI ICUIUI	23/3 COTC			
	The second second	DUE TO, OR AS A CONSEQUENCE OF				
	Conditions, if ony, which	(b) Ventricular	tachvcardia			
	gave rise to immediate					
	couse (a), stating the underlying couse lost.	DUE TO, OMY OCAY GIANCE PE	chemia Infarct	ion		
						-
z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OF COND	ITION GIVEN IN PART	la.
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
7 5					IN CERTIFYING CAUSE	S OF DEATH?
4 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NOW	YES 🗌	NO []
	OR CONTRIBUTING CAUSE OF DEATH	HOUR ALL HOLITH DAY WEL	IR III. HOW HAJORI OCCOR	KED (ENTER NATURE OF INJURY	FINITEM 18 PART LOKPART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 1				
9	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STA
5	WHILE NOT WHILE AT WORK	TANDONE, SHEET, FACTORY, OFFICE, FARM, ETC.				
	22a I certify that % (this hospital) ottended the deceased from June	7 19 84	June I.	3 . 19 84	, that A (we
	sow the deceased alive on_	June 13 19 84	and that in (our) opinion	death occurred on the dat	te and hour and from th	e couses state
	obove, (ke) (did) (did) (did)	riger ther body utilet douth.	DEGREE		22c. DAT	E SIGNED
	(VVI	A VAI	ATTENDING _	MEDICAL STAFF		3/84
-	274 PHYSICIAN'S NAME UNION	Aux		DIRECTOR PHYSICI	AN X	3/04
1	276 PHYSIC LANS NAME OF THE	1	22e ADDRESS			
		andsman	9000 Frank	lin Square [Jrive, 2123	/
23a.		236. DATE, 236 NAME O	CEMETERY OR CREMATORY	23d. LOCATION		STAT
	(SPECIFY) BURIAC	6/16/84 BEL	AIR CEM	BELA 11	3 MB	STAT
24.5	LINERAL DIRECTOR			F REC'D BY REGISTRAR		TURE

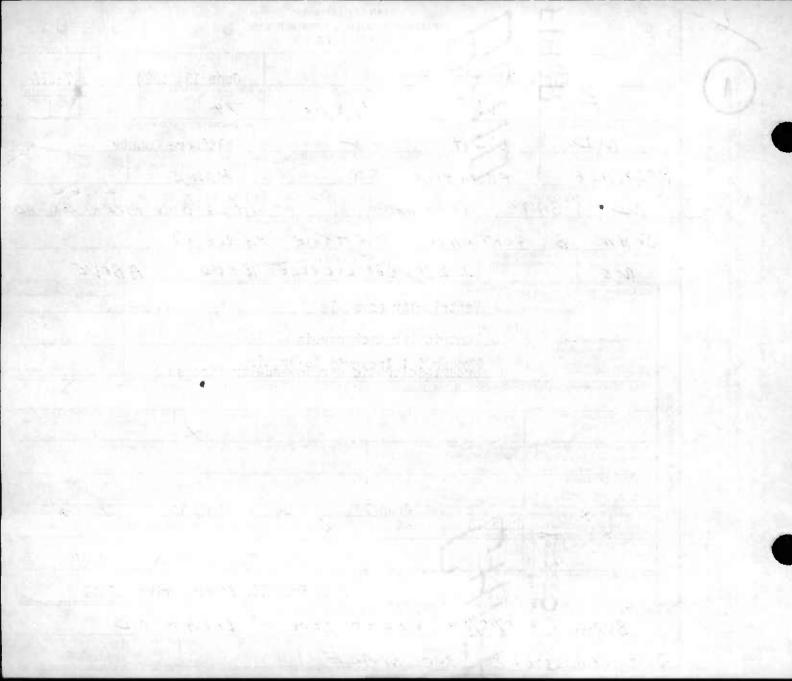
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

B. CONNELL

ADDRESS 300

Dan Davidson Rendall



executed within 24

certificate

death

ottending physician. PHYSICIAN.

OR ATTENDING

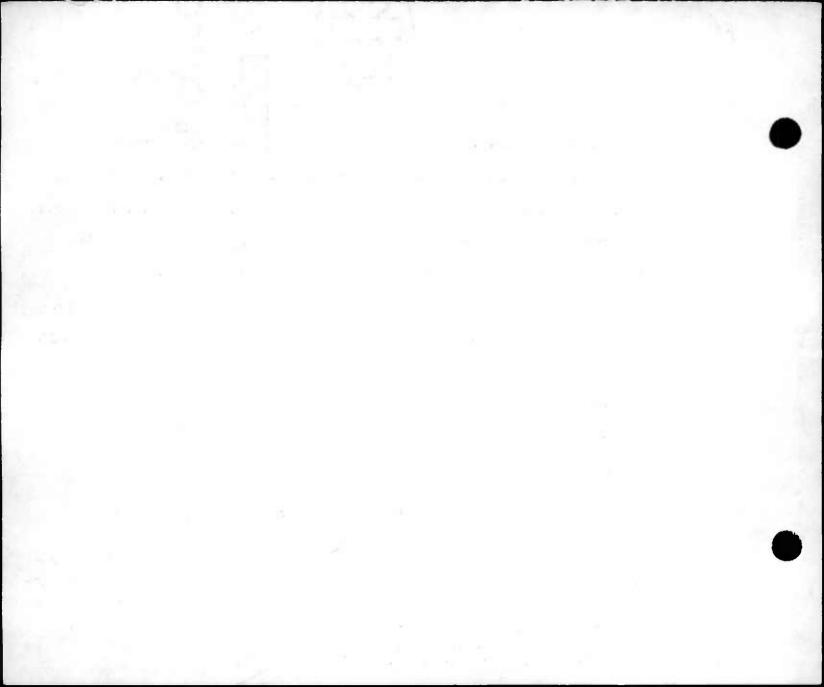
TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1	REGISTRAR				CERTIF	ICATE OF L	EATH		REG. NO).			1
	DECEASED NAME	FIRST	٨	MIDDLE	l	AST		2a DATE OF	DEATH	монтн [DAY YEAR	26 HO	
,,,	I P	latthew	√.		Br	azis		1		06-22	2-84	101	P
3	SEX	4	RACE		5. DATE C		27.00	6 AGE (INY	EARS LAST BIRT	HDAY]	IF UNDER I YEAR		R 24 HRS
	Male		Whit	te	2 MONTH	21	1910	74		YRS		HOOKS	mm.
7a	BIRTHPLACE (STATE OR		b. CITIZEN OF		TRY? 8	D NEVER A	AARRIED 🗍	9. BALTIMO	RE CITY OF	COUNTY	OF DEATH		
	Lithua	nia	U.S.A	<i>1</i> .	WIDOWE		VORCED [Bal	timor	e Cou	nty		M
10.	CITY OR TOWN OF DE		11. NAME OF I	HOSPITAL, NU	IRSING HOME C	R OTHER INST	NOITUTION	12a USUAL ((TYPE OF WOR	OCCUPATION OF SUP		12b. KIND INDUSTRY	OF BUSIN Y	
4	Catonsvil				Ave. Ca	tonsvi	lle,Md.	Posta	1 Sup	er.	Gov	ermen	
	OUAL RESIDENCE (IF NUR O. STATE	13b COUNT	TY	13c CITY OR	TOWN	13d. INSIDE C		13e STREET	ADDRESS /	ZIP CODE	0 .	212	
1	Md.	Bal	timore	Cato	nsville	YES [NO 🔀		Morei	CK AV	e. Cat	onsvi	TITE
8	FATHER'S NAME	M	AIDDLE	LAST	-1		resi ugenija		MIDDIE		Janu	AST.	
- /	Bolesl			Brazau					ADDRES	cc	Janu	LIS	
160	WAS DECEASED EVER		MED FORCES? WAR OR DATES)		0-7244	17. INFORMA	Brazis	Como	as 1				
_	NO	L		213-3	0-7244	ZIlia	DIAZIS	Dame	a5 1	26.			
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only	y one couse per	line for (a), (b	i, and ich							DXIMATE INTE	
	TAKI I. DEATH		CAUSE (o)		SEPSIS	>						2 DA	775
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	Conditions, if ony	v. which			STATIC !	CARCIN	AMO	OF THE	: PRO	OSTAT	TE 3	3 48	25
	gove rise to im	mediote)										
	cause (a), stati		DUE TO, OI	R AS A CONSI	EQUENCE OF								
1			(c)								F		
Z	PART 2 OTHER SIG		ONDITIONS CO	<u>DM I KIRÛ I IM G</u>	O DEATH BUT	NOI RELATEL	TO THE TERM	INAL DISEAS	E OR CONL	JIION GIV	EN IN PART I	110	
CEPTIEICATION	19a DATE OF OPERA		19b. CONDI	ITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	20a AUTO	OPSY?		, WERE FIND		
2 2					_			YES 🗆	NOTT		YING CAUSE S 🖂	ES OF DEA	
- 1	21g. ACCIDENT WAS UP		21b. TIME O	F IN JURY		71r HOW IN	JURY OCCURE		- 65				
77	On COLUMNITURE		110110 1		DAY YEAR			TENTER IN	1000				
	(IF EITHER NOTIFY MED				19		201						
MEDICAL	21d. INJURY OCCUP		21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY OF	FICE, FARM ETC)	211 LOCATIO	N		CITY OR TOV	wN	COUNTY		STATE
1	AT WORK NOT W	ORK ORK											
	22a L certify that (_ 19_77_	, to		22	19 84	, that (1)	(we) lo
-	sow the deceo	sed plive on_	view the body		19_84, 01	nd that in (my)	(our) opinion	death occurre	d on the do	ite and hou	r and from th	ie couses s	tated
	226. SIGNATURE	44	501	Oner ocons.		DEGREE					22c. DAT	TE SIGNED)
	My	PS	Sola		MD	,	ATTENDING PHYSICIAN	MEDICAL	STAF	F	6.	73.	84
-	224 PHYSICIAN'S N	ARKE (TYPE OR	NOX-	\sim	140		SUNIVE				AND	HOSP	176
		TZE				THE ADDRES		TIMOR			ZIZC		111
23	e. BURIAL, CREMATION		23b. DATE	Ī	23c NAME OF C	EMETERY OR		23d LOC/	ATION				
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24	FUNERAL DIRECTORL		. R118841	1 Witz	ke Funer	ral Hom	es 250 DAT	E REC'D. BY	EGISTRAR	256 REGIST	PARISMON	Will have	100
	1630 Edmond	son Av	re. Cato	nsvill	e. Md.	21228	101	140 1	104	المدوية وعيادات		-	
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DHMH - 17

(VR A15 ME (5))

20M 4/82

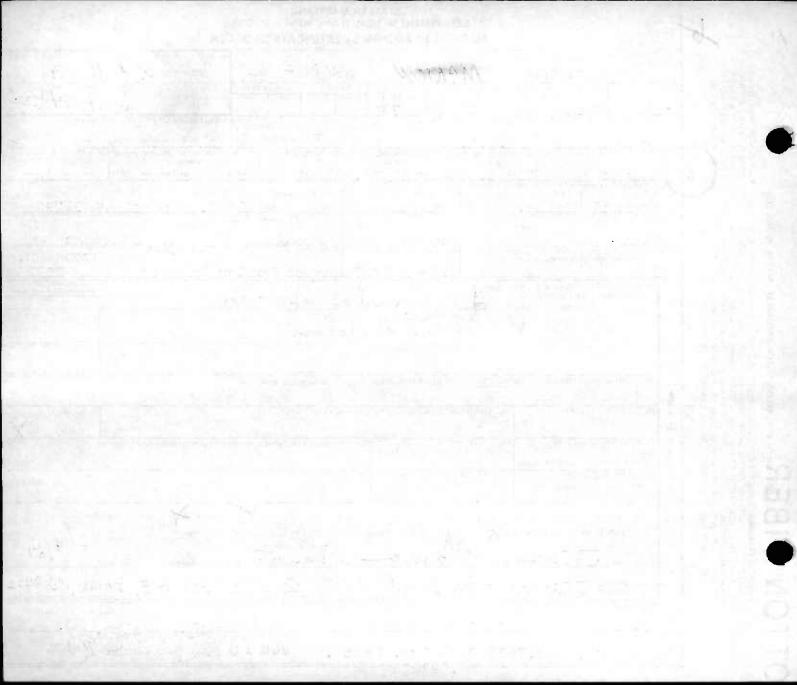
	jo		FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAN OF HEALTH AND ME NINER'S CERTIFIC	NTAL HYGIENE	H REG. NO.	5 2	2 0	5
, MD. 21201	NTH IF ANY DELAY IS NECESSARY PLEASE 11.2 AND 3 TO THE THURBAL DIPECTOR. 10.2 SHOULD BE FILED WITHIN 72 HOURS WAS INDEED AS SHOWN STREET,	J. DEC (TYP) 3. SEX M. 70 BI FO M. 1 IA ST. M. 14 FA	EASED NAME OR PRINT) 4 RACE White RIHPLACE (STATE OR REGIN COUNTRY) ATVIAND ON TOWN OF DEATH INCLUDE TO THE COUNTRY ATVIAND THER'S NAME FIRST FIRS	MONTH DAY YEAR LAST BY 12.3 14 76. CITIZEN OF WHAT COUNTRY? U.S.A. 111. NAME OF HOSPITAL, NURSING H	RITHDAY) MONTHS DAYS 7 ORS. 8 MARRIED NEV WIDOWED OME, OR OTHER INSTITUT ESS) Rd. 2122 MISSION) VIN 13d. INSIDE (IT YES 15. MOTHER FIR	FUNDER 24 HRS. 26. HOURS MIN. PRO ER MARRIED 9 DIVORCED B ION 120 USUAL FOR MOS Truc Y LIMITS? 13e, STREET NO 226 R'S MAIDEN NAME ST.	DATE KNOWN OF ESTI- DEATH MATED DATE ONOUNCED DEAD BALTIMORE CITY OR OF OCCUPATION (TYPE OF OT OF WORKING LIFE) K Driver ADDRESS S. Woodwe	County of County of True II R	19 84 AY YEAR H 1984 PF DEATH TYPE F DEATH	ng_
201 W. PRESTON ST., BALTIMORE	JIED WITHIN 24 HOURS AFTER DEA IN PENCIL IN ITEM 18. GIVE PAGES EXAMINERS ALONG WITH FORM PAIL ITEMASIT PERMIT PAGES I AN DIMENTAL HYGIENE, DIVISION OF ON, OR REMOVAL.	16a. V	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one cause persite for (a), (b), and (c). B BY: E CAUSE (a) DUE TO, OR AS A CONSEQUEN DUE TO, OR AS A CONSEQUEN	-3487 Huber Cardial M ICE OF CICO O LON		A. I 4087 Press E Andrews	AFB	rook	1335
DIVISION OF VITAL RECORDS, 2	INNER: THIS CERTIFICATE SHOULD BE EXECUTED. FICATE, WRITING THE WORD "PENDING" F FORWARDED TO THE CHIEF MEDICAL TOR: PAGE 3 SHOULD BE USED AS A BURN I THE STATE DEPARTMENT OF HEALTH AND LAND, 21201 PRIORTO BURIAL, CREMATIO	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charge		YEAR 216. HOW INJURY (216. LOCATION STREET	OCCURRED (ENTERNATION C	ITY OR TOWN		0 AUTOPSY? YES	NO
)	LE CERTIFICATION OF COULD BE COULD BE CHILL WITH WITH WITH WITH WITH WITH WITH WITH	all	ACTUAL J. C.W.	Han O Greve	MD DE ISP	CHA TAL	AL EXAMINER	DATE	6/14/	84

23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto Md.
SISTRARS SIGNATURE
Lieuidan-Rendess Burial 24. FUNERAL DIRECTOR 6-18-84 Holy Rosary Dundalk 250. DATE REC'D. BY REGISTRAR JUN 19 1884 Duda-Ruck, inc.7922 Wise Ave. Balto. Md. 21222

BALTO MD. 21212

STATE

EXAMINER'S NAMET. CROSSAN O' DENOV AN



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1	1.	Film G593 Item FOR 7/10/84 r STATE REGISTRAR			CERTIF	OF MARYLA EALTH AND N ICATE OF D	NENTAL HYGI	REC	. NO.	5 2	0 6
a 65		CEASED NAME FIRST OR PRINT)		WIDDLE	L	AST		20. DATE OF DEAT		DAY YEAR	26 HOUR
poge (Franc	ces H.	BROOKES			"Villa		5, 1984		11:40A
mo,	3. SE		4. RACE		5. DATE C		VEAD	6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
of a d	F	emale	Whi	te	2011	7	Ĭ914	70	YRS.		Mine.
	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	DIX DIV	ARRIED .	9 BALTIMORE CIT Baltim	or county		MD
W 7	10. CI	ossville	(IENOT IN SH	HÖSPITAL, NURSIN CHEACILITY, GIVE STREET, Lin Squa	G HOME C	R OTHER INST		120 USUAL OCCUI	PATION OST OF WORKING LIFE	12b. KIND O	ation
24 helical in the country of the cou	USUA 130 S M	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN BALL	OTHER INSTITUTION	I GIVE RESIDENCE BEFORE DITY OR TOWN	ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRE	ss / zip cobe esapeak	ce Dr.	21219
12/20/20		THER'S NAME FIRST	WIDDLE	Humi n		1	MAIDEN NAA	AE MIDD	LE	LAS	ī
Poper I c	16 M	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAL	NT	rookes,			ark Ave Va 227
oth certificate bending providing corbon papers.		18 CAUSE OF DEATH LETTER OF PART I. DEATH WAS CAUSE IMMEDIA:	TE CAUSE (U)	Cardiores		ory arr	rest			APPROXI BETWEEN	MATÉ INTERVAL ONSET AND DEATH
es that the death or ned by the attendin please remove corb urial, cremation, or a y, or other troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((c)_	OR AS A CONSEQUE	EATH BUT	NOT RELATED	TO THE TERM!	INAL DISEASE OR C	ONDITION GIV	EN IN PART 1:	0
n sig Then r to b	NO.	Chronic Renal	Failure	e; Cirrhos	is wi	th Asci	ites, C	hronic ob	structi	ve pulm	ionary
The law ricion. te hos bee sit permit. grene prio	CERTIFICATION	190 DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO	IN CERTIF	, WERE FINDS YING CAUSES S	OF DEATH?
ICIAN: T g physics entificate iol-tronsi intol Hyg em.48 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A		AY YEAR	21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
DING PHYS or offendin After this c e os the bur ofth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATIO	N	CHY	OR TOWN	COUNTY	STATE
TENDIN ortol or TOR: Africa or use of theolth	8	22a I certify that (this hosp, saw the deceased alive of	une 15	19	June 84	100	_, 19 <u>84</u> (our) opinion c	to June	,		that DK(we) last couses stated
by the hosp ERAL DIREC e detoched to State Dept. o		22b. SIGNATURE	Slu	Wille	12	111		DICAL PH	STAFF YSICIAN [VUNC	- 1 -
HOSP Puned FUN Sold b		Godofredo St		1D	7	22e. ADDRESS		lin Squar	e Dr.,	21237	
Open Open MA		SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF	EMETERY OR C		23d. LOCATION		COUNTY	STATE
BP		rspecify)	6-18-	-84 Pa	rkwo	od		Baltin	nore, M	Marvla	ndbn
DHMH - 16 50M 4/83		JNERAL DIRECTOR		ADDRESS			25e DATE	E REC'D. BY REGIST	RAR 256 REGIST	BAR'S SICHAT	UPEDA
(VRA 15, 4)	Di	ida-Ruck, inc	. 7922		ve B	alto.	MaJUN	1 9 1984	Jana van	100010-100)

ell and engine and an include		
	dawn dan siyasin (b. 15)	
	dr. (20.97) si nord stad outo reco	
v		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

etoined by the hospitol or offending physicion.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and cashould be detached for use as the buriol-transit permit. Then please remove carbomoopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

Page 4 may be

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	FOR STATE REGISTRAR	D	EPARTMENT OF HEALT CERTIFICAT	H AND MENTAL HYG TE OF DEATH	IENE REG NO	15	201
	I. DECEASED NAME FIRS	MIDDLE .	LAST	04-4-17		MONTH DAY YEAR	2h HOUR
	(TYPE OR PRINT) ART	HUR W	BROOKS			6/19/84	3:30Pm
	3. SEX	4. RACE	5. DATE OF BIR		6. AGE (IN YEARS LAST BIRT		
	/ Male.	Cau.	July 1	3,1908 YEAR	75	YRS.	YS HOURS MIN.
1	To. BIRTHPLACE (STATE OF FOREIG	N 76. CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
1	Md.	USA	WIDOWED	DIVORCED [BALTIMORE	COUNTY	MD.
1	TOWSON		ARLES ST G	BMC	178 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		D OF BUSINESS OR RY
5		COUNTY 13c. CITY C	OR TOWN 13d. I	NSIDE CITY LIMITS?	13e STREET ADDRESS /		u
1	4. FATHER'S NAME PIRST -			NOTHER'S MAIDEN NA			(AST
	160 WAS DECEASED EVER IN U.		AL SECURITY NO. 17. II	NFORMANT	ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF Y	res, Give war or dates)	-01-3664 Ма	ry G. Brook	s. 1112 W.38	Sth St. 212	711
	PART I. DEATH WAS C	ter only one couse per line for (o) AUSED BY: EDIATE CAUSE (o) RES	PIRATORY A	RREST		APPI BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
	Conditions, if ony, whi gove rise to immedia couse (a), stating t underlying couse lo	he DUE TO, OR AS A CO	ASTATIC AD		0		
i		ANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART	1(0)
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR	WHICH OPERATION WA	S PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
7	210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 210. INJURY OCCURRED	OF DEATH HOUR A.M. MON	TH DAY YEAR	HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR		
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY		LOCATION	CITY OR TOV		STATE
	sow the deceased oli	hospital) attended the deceased we on 6/19 did not) view the body after deat	_1984_, and the		t, to 6/1 death occurred on the do		the couses stoted
	HOURS NAME	tay	127e	ATTENDING PHYSICIAN [MEDICAL STAF		0/19/84
		HAUPTMAN		GBMC			
	230. BURIAL, CREMATION, REMO		23c. NAME OF CEMET		23d LOCATION CITY OR TOWN	COUNTY	STATE
	(SPECIFY) Burial	June 22.198	Lorraine	Park.	Balto.		Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

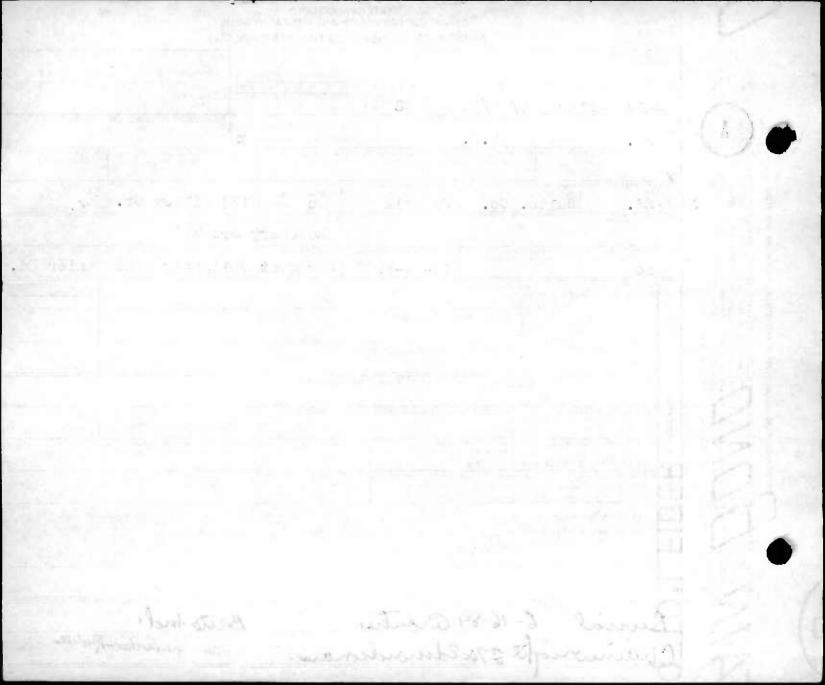
Paul E. Chenoweth 3615-19 Chestnut Ave.

250 DATE RES D. BY RESISTAR 250 REGISTRAP LAIRNA HORSE

1 5:3 1 TENER WEST A BC-1, 1 vInc 4 h 1 . BIE THE DECEMBER ling w. Job bo. Elil .Calina 216-01-3064 GEF C. SPOOKS. 1112 W. 3868 St. 21211 TESPLATORY ALREST ALONDON BEAUTIONS Of handless to amortocal THE PROPERTY OF THE PROPERTY O Burial. Ours 22,1984 Corrains Form. - Daito.

Paul L. Grenowers July-Ly Chesonst ave.

	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
	EASED NAME OR PRINT)	FIRST		WIDDLE	LAST	20. DATE KNOWN OF ESTI-		
2 0 0 0 0	T.	Luther		C.	Brooks		□ □ 6/7/8	- 17
3 SEX		Black	5. DATE OF BIRTH	5 YEAR LAST BIRTHD	AY) MONTHS DAYS HOURS	PRONOUNCED DEAD	6/14/84	
	THPLACE (STAT	EOR	76. CITIZEN OF W		8. MARRIED NEVER MA	RRIED 9. BALTIMORE CI	COUNTY	F DEATH
III. CI	Dundal		11. NAME OF HO		e, or other institution	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 12b	KIND OF OR INDU:
JSUA 30. S1		11 HURSING HOME O 13b. COUNT Balt	TY CO. CO.	130 CITY OR TOWN Dundalk	13d. INSIDE (ITY LIMITS YES 🔼 NO	1 4 7 4 10 2 3 3	w Ct. 2	12
)4. FA	THER'S NAME		WIDDLE	LAST	15. MOTHER'S MA Rosema			EAST
16a. V	AS DECEASED E	VER IN U.S. ARA		166. SOCIAL SECURIT		ADDR		
	no	(160, 0.116)		213-32-50	005 Margare	t Golightly	5129 Da	anie
TION	gave rise couse (a) st lying couse	FICANT CONDITIONS O	(b) DUE TO, OF	izure Disor		PART L (a).		
FICA	190 DATE OF O	ERATION	190 COND	ITION FOR WHICH OPEN	RATION WAS PERFORMED?		20	D. AUTOPS
MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR CAUSE OF D	P.A 21e PLACE	A. MONTH DAY YEA	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2]	YES
								0
	deoth resulted ACTUAL SIGNATURE	from Noture	ol couses X	9	Autopsy X. Inspecticide Homicide TITLE (SPECIFY) M.D. ASSISTAT	Undetermined manner	DATE	
230.BU	ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT	from Noture	ol couses X	auffinan, M.	icide , Homicide TITLE (SPECIFY) M.D. ASSISTAT	Undetermined manner] .	6/14/



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PRESTON ST., BALTIMORE, MARYLAND 21201	

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as the burial-transit permit. Then

should be detached for use as the burial-transit per with the State Dept of Health and Mental Hygiene

certificate has

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MPORTANT: If them 21 is marked or Item

MEDICAL

executed within 24 hours

1	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARY EALTH AN ICATE OF	D MENTAL HYG	IENE 8 4	0.	5	2	0	9
	CEASED NAME	FIRST		AIDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY Y	EAR	2b. HO	JR
,	3.7.1.1.7,	ARCH:	ΙE			BROWN			6	26 8	4		М
3 SE	× MALE	4	BLACK		5. DATE C		1939	6 AGE (IN YEARS LAST BIR)	(HDAY)	MONTHS	DAYS	IF UNDER	R 24 HRS MIN
	IRTHPLACE ISTATE ORFO			WHAT COUNTRY?	MARRIE WIDOWE		R MARRIED	9 BALTIMORE CITY O BALTIMO	_	OF DEA	TH		MD.
R	ANDALLSTOWN	V	(IF NOT IN SUCI	OSPITAL, NURSIN HEACILITY, GIVE STREET A 19 EUSTI	CE ROA		ISTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETTRED (FE) 12b. K	IND O STRY	FBUSIN	ESS OR
USU 130 Ma	AL RESIDENCE (IF NURS STATE ARYLAND	13b COUNT		GIVE RESIDENCE BEFORE 136, CITY OR TOWN RANDALLS		13d INSIDE	CITY LIMITS?	13e STREET ADDRESS 9719 EUS	TICE	ROAD	27	1133	
14. F	RUFÜS	MI	DDLE	BROWŃ			R'S MAIDÉN NAM EULAH	AE MIDDLE	H		LAS		
160	WAS DECEASED EVER		WAR OR DATEST	166 SOCIAL SECUI 088-30-07		M. J		ADDRE UN 9719 EU.		ROAD) 2	2113	3
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	CAUSE (o)	Mefaster (a), (b), one of the consequence of the co	tcetuc	ca	pano	reas		Ar	PPROXI WEEN C	X T	P G
	Conditions, if ony, gove rise to imm couse (a), static underlying couse	mediate ng the	DUE TO, OF	as a conseque	nce of								
NO	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PA	RT 11a		
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a. AUTOPSY?		S, WERE F YING CA			TH?
CER	216. ACCIDENT WAS UNE	DERLYING	216. TIME OF	FINJURY	V VEAD	21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, I	PART I OR PA	RT 2)		

P.M

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH DAY YEAR

21f LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

that (I) (we) lost and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

ATTENDING

MEDICAL DIRECTOR STAFF PHYSICIAN [

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

22a. I certify that (1) (this haspital) attended the deceased from

sow the deceased alive on above (I) (we) (did) (did not) view the bady after death.

23b. DATE

22e ADDRESS

21049

BP

(VR A 15 (4))

TO FUNERAL DIRECTOR: etained by the haspital

DHMH - 16 50M 1/76

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

6-29-84

23c NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL

DEGREE

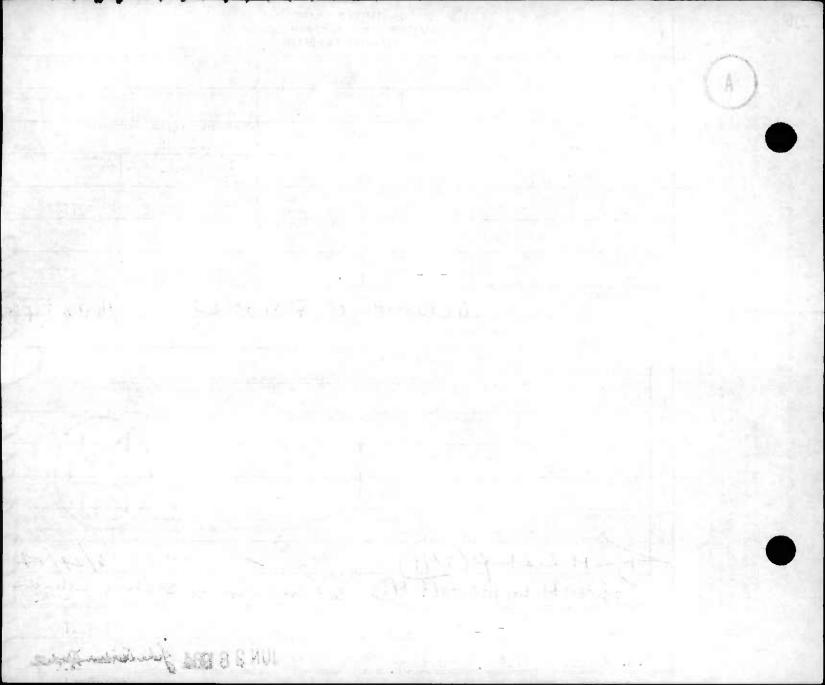
23d. LOCATION
CITY OR TOWN

ARLINGTON

VIRGINIA

24 FUNERAL DIRECTOR E.L. PHIL

1721 N. MONROF ST PHILLIPS



MIDDLE

Balto.Motor Coac 1316 Sudvale Road 21208 Shoecroft Mrs. Joyce A. Miller 2211 Wilton Wood 21153 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11FM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Baltimore Marylan'd' 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

2b HOUR

17b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

1300

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE

REGISTRAR



within 24 hours after death. Page 4 may be

director, page 3

STATE OF MARYLAND

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1.	FOR - STATE REGISTRAR	DEPARTM	THE CERTIFICATE OF DEATH	IENE 8 4	15211
	CEASED NAME FIRST FOR PRINT) MARGAR	LET J.	BRUNNER	2a, DATE OF DEATH MONT	-28-84 12:15 A
3 SE	× F	WHITE	S. DATE OF BIRTH AND PRICE PROPERTY OF THE PR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	COUNTRY) MD.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	WINTY OF DEATH
L	ocit faven	OT IN SUCH FACILITY, GIVE STREET A	OOK R.D. 21239	12a. USUAL OCCUPATION (TYPE)OF WORK FOR MOST OF WOR HOUSEWIF	IZB. KIND OF BUSINESS OR INDUSTRY
130. 5	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	STATE OF THE STATE	YES NO	130 STREET ADDRESS / ZIP	CODELA ST. 21224
	HENRY F	SCHMIZ	15 MOTHER'S MAIDEN NA	MIDDLE	HOFFMAN
	WAS DÉCEASED EVER IN U.S. ARMEI YES, NO OF UTENOWN) (IF YES, GIVE WA		2810 UM BRUNN	ER SR. SA	ME 21224
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	Y (" die.	- Steepentry	1 Carinom	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR ABJA CONSEQUE	NCE OF A Br	last	4482
NOI	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 10
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	211 LOCATION	RED (ENTER NATURE OF INJURY IN IT	(COUNTY STATE
W	WHILE AT WORK DATE AT WORK 220.1 certify the (1) (this hospital)	ottended the deceased from	6-10 , 19-80	to_denth	
	sow the deceosed olive on obove (1) (we) (did) (did not) vi	ew the body ofter deoth.	OFGREE	MEDICAL STAFF	nd hour and from the causes stated 22c DATE SIGNED 6-29-84
	22d PHYSICIAN'S NAME (TYPE OR SE	my / 1	22e. ADDRESS	2 1 11	2 14 mel

OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page Think I mould be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the

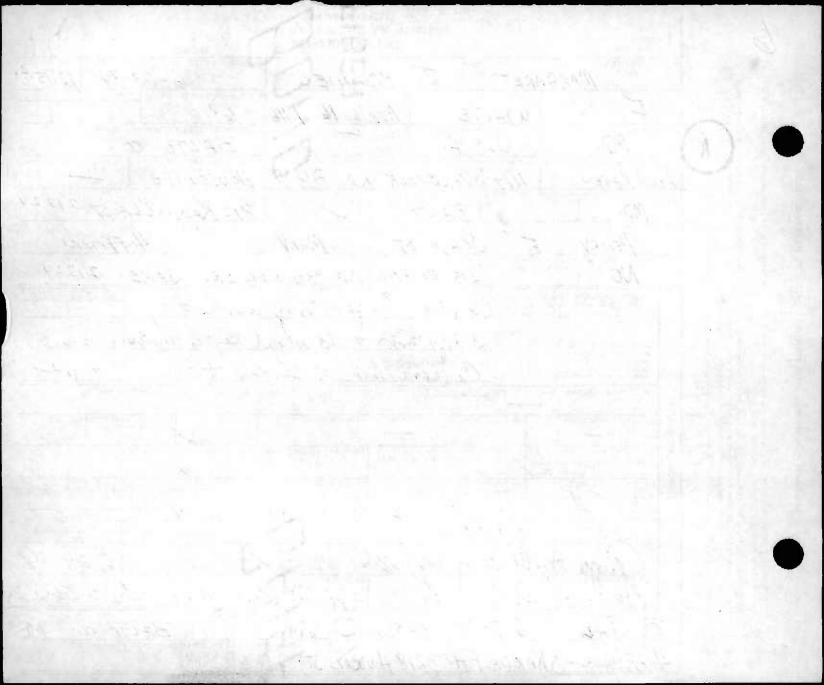
IMPORTANT: If Item 21 is marked or Item 18 share

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 3 SIGNATURE:

(23b. DATE 30

CREMATION, REMOVAL

23d LOCATION 60



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DHMH - 16 50M 4/83 (VRA 15, 4)

1				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		5 2
	1 05/	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 2b HOUR
		OR PRINT)		21211= -	1 22	20 HOUR
		BEATKI	CE . B40	CKHEII	6 30	64 215
1	3 SE		4 RACE 5	DATE OF BIRTH		FUNDERS YEAR IF UNDER 2-
)		Female	White	Feb. 8, 1920	64 YRS.	
41/		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
		Maryland	II S A	MARRIED NEVER MARRIED DIVORCED DIVORCED	Baltimore Co	unty
55		TY OR TOWN OF DEATH Randalls town	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCHEACILITY, GIVE STREET ADD Baltimore County	DRESS)	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE	12b. KIND OF BUSINES INDUSTRY
数と	13o. S	TATE 13b. CO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	DJ 01477
E/)		J	ltimore Bandallst	120 110 11	4016 Starbrook	Rd. 21133
30	14. FA	THER'S NAME Vito	Lotito LASI	15. MOTHER'S MAIDEN NA Anna		anzelľo
0		VAS DECEASED EVER IN U.S.		YNO. 17 INFORMANT R	andalls townsess Md.	21133
medica	(,	NO NO OR UNKNOWN) 1 IF YES,	GIVE WAR OR DATES) 217-09-01	89 James A. Bu	ckheit 4016 Star	brook Rd.
a l			only one cause per line for (a), (b), and (c			APPROXIMATE INTERVIBETWEEN ONSET AND D
any injury, ar ather tro	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEA	CE OF OBSTRUC.	20a AUTOPSY? 20b. IF YES	EN IN PART II O
8 shows	Ē					NO NO
18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DENIH	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
ked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARA	211 LOCATION	CITY OR TOWN	COUNTY 51
21 is mor		22a.1 certify that (I) (this ha	spital) attended the deceased from	, 19	, to	19, that (I) (w
- 12	-	saw the deceased alive	on 19		death occurred on the date and hour	and from the couses stat
E 2		above_(f) (we) (did) (did 27) SIGNATUREA	not) view, the body after death	DEGREE		22c DAZE SIGNED
H. H.		Hofel	N. Lyedo.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	630/84
MPORTANT: If them 21 is	1	HAFEEZ	A SYED M.	BALTIMOR	E COUNTY,	GFN NO
3		BURIAL, CREMATION, REMOV	The Carlot of the Contract of	ME OF CEMETERY OR CREMATORY ardens of Faith	23d. LOCATION CHTY OF TOWN Baltimore	COUNTMARYLAND
_	24.5		1002 7 1304 1 00		TE REC'D. BY REGISTRAR 25b. REGIST	
1/83		UNERAL DIRECTOR	ADDRESS		TE REC D. BY REGISTRAR 230, REGISTI	KAK S SIGNATURE
		Leonard J. Ruc	k, Inc. Baltimore	, Maryland	2 - 100 A Ja David	ma Propose 22.

To be the file

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Harini dui jiine derdens of mich w destigore Mergland Seprend J. Jucky Inc. Jalticere, Margland of T. you A. M. the ottending physician and completely filled in by the funeral remove carbonpopers. Pages 1 and 2 should be filed within 72

injury, or other troumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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STATE OF MARYLAND

4	1	5	2	1	3
REG. NO.		11/1/2	42.		

	I - STATE REGISTRAR	CERTIFICATE OF DEATH								
	DECEASED NAME TIRST ZONA	MIDDLE BU	SH	REG. NO.	0. MONTH DAY YEAR - 15-84	26. HOUR 10.00 A				
	SEX F	RACE WHITE S. DATE O	S- 25, 1890	6 AGE (IN YEARS LAST BIRT	YRS DAYS	IF UNDER 24 HRS HOURS MIN.				
1	BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI		9. BALTIMORE CITY O	COUNTY OF DEATH	MD.				
10	WHITE MARSH	1. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, ONE STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION OF TOUR SELECTION OF TOUR S	ON 12b. KIND (15 WORKING LIFE) INDUSTRY	OF BUSINESS OR				
	USUAL RESIDENCE (IF NURSING HOME OR OT 134 SOUNT)	THER INSTITUTION, GIVE RÉSIDÉNCE BEFORE ADMISSION) Y 13. CITY OR TOWN TO WHATE MASSA	YES NO T	13. STREET ADDRESS	ZIP CODE	RD. 21237				
	UNKN	DDIE LAST	15. MOTHER'S MAIDEN NAM	AIDOLE	PERK	ř.				
10	60 WAS DECEASED EVER IN U.S. ARMI (YES, MOIOR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECURITY NO. 232 -88-5257	MG. HUNTER	ADDRE	SAME	21237				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED		OB IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO					
- 1	OR CONTRIBUTION OF STATE OF STATE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALL WORK ALL WORK	(AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY S'								
	270.8 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	1) attended the deceased from, on view the body after death.	d that in (my) (our) apinion o			, that (I) (we) last e couses stated				
	Ronald ar	Hanser 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _ la	16/84				
	22d PHYSICIAN'S NAME (TYPE OR P	ATTANASIO	1012 OLD	N. Point	Rd. BALT	Md.				

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

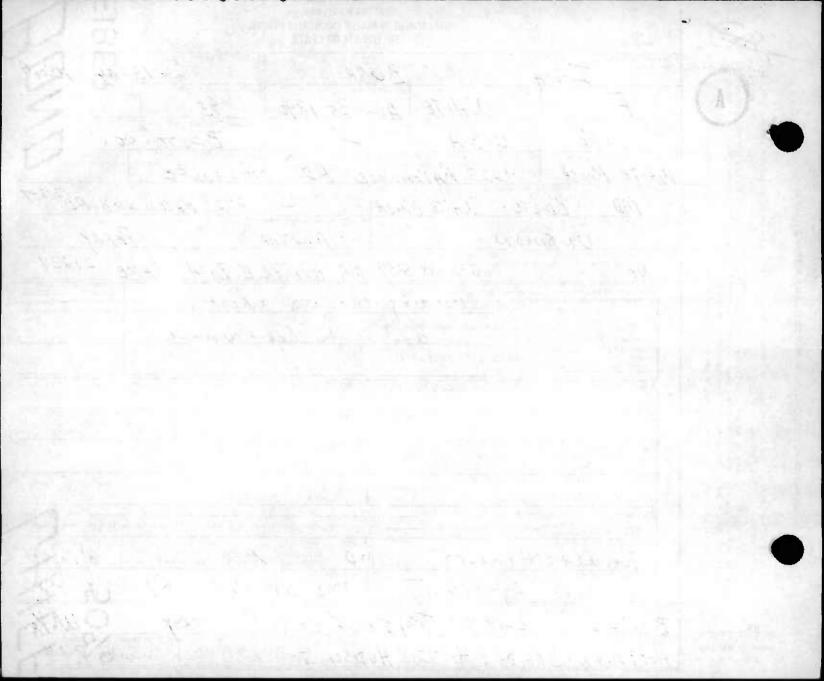
236. DATE

23 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

BY REGISTRANDS REGISTRAR'S SIGNATURE

0 1984 ha Davidson-Rindsee



remarks to a factor of the factor of the factor of will all the state of the property Tombustic she was specially The property of the second of the second of the second The second to be a second of the second of t 100 A C. A. S. A.

W	5*1

may be

executed within 24 hours after death. Page 4

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP

retained by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	d g	5	2	Î	2.5
	REG. NO.				

REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	Э.			
DECEASED NAME	FIRST	,	MIDDIE	L	AST		HINOM	DAY YEAR	26 HOUR	?
(TIPE OR PRINT)	Pasc	hal C	APPARELLA	1		June 13.1	984_		7.25	5A_M
3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 2	
Male		Cauca	sian		rch 21,1913	71	YRS			Mile
BIRTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D M NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
Maryla	nd	USA	1	WIDOWE		Baltimore	Cour	nt.v		MD.
O CITY OR TOWN OF		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON F WORKING (12b. KIND O INDUSTRY		
Baltim		Fran	klin Sq	uare	Hospital	Parts Mg		Ande		01d
Maryla	13b. COUN	NTY	13c. CITY OR TOW Baltim	'N	134. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS	zip con elto	_Æ Balto Wne Ci	,Md.	,
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS		236
James			apparel	la	Mary			Metrin	ale	
60 WAS DECEASED E			166 SOCIAL SECU		17 INFORMANT	ADDRE	SS			
Yes	WW]		705-10	-880	8 Vivian Ca	pparella,	wife	,same	as a	bov
18 CAUSE OF D	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 1								MATE INTERV	/AI DEATH
PART I. DE AT	PART I. DE ATH WAS CAUSE (b) Cardiorespiratory Arrest									
402	40 > 9 DUE TO OR AS A CONSEQUENCE OF									
Conditions, if										
couse (o), s	gove rise to immediate } couse (a), stating the } DUE TO, OR AS A CONSEQUENCE OF									
	(c) Hyper tens for									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
190 DATE OF OP	EDATION	TINE COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tank IF VS	ES, WERE FINDIN	NGS HISED	
DATE OF OP	EKALION	198 COND	IIION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERT	IFYING CAUSES	OF DEATH	H?
71g, ACCIDENT WA	S LIMITERI VINC F	1 21b. TIME O	E INTITIDY		21c. HOW INJURY OCCUR	YES NO X		ES	NO [
		LIOUD A		AY YEAR	ZICTIOW INJURY OCCUR	RED (ENTERNATURE OF INJU	RT IN ITEM 18	PART TOR PART 2]		
V	MEDICAL EXAMINE		M	19	211 LOCATION					
WHILE NO	OT WHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR 10	WN	COUNTY	51	ATE
AT WORK	I WORK			1000	12 01	Time 12		O.A	- 1	
220.1 certify tho	this hosp	ital) attended th	e deceased from_	1	13 19 84	June 13			that X (w	,
obove, X (w	sow the deceased alive anlune_13						эте опа по			rea
226 Segriatore	DEGREE ATTENDING				MEDICAL STA	FF	22c. DATE			
	pueu	4 - XV	Caser	N)	PHYSICIAN [DIRECTOR PHYSIC		6/13	/84	
224 PHYSICIAM			iker, MD				D	01007		
23a. BURIAL, CREMATI				NAME OF C	9000 Frank	1in Square	ur.,	Z123/		
SPECIFY) Burial	OIN, REMOVAL	6/16			d Ridge Cem	CITY OR TOWN	moro	Md.	51	ATE
1)111101		1 (1/10)	/ (1 *** /	1/1 1/1	G RIGGE LEI	LAI DOLLI		a L'ILL e		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely lifted in by the turner should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 thou dib effect with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical

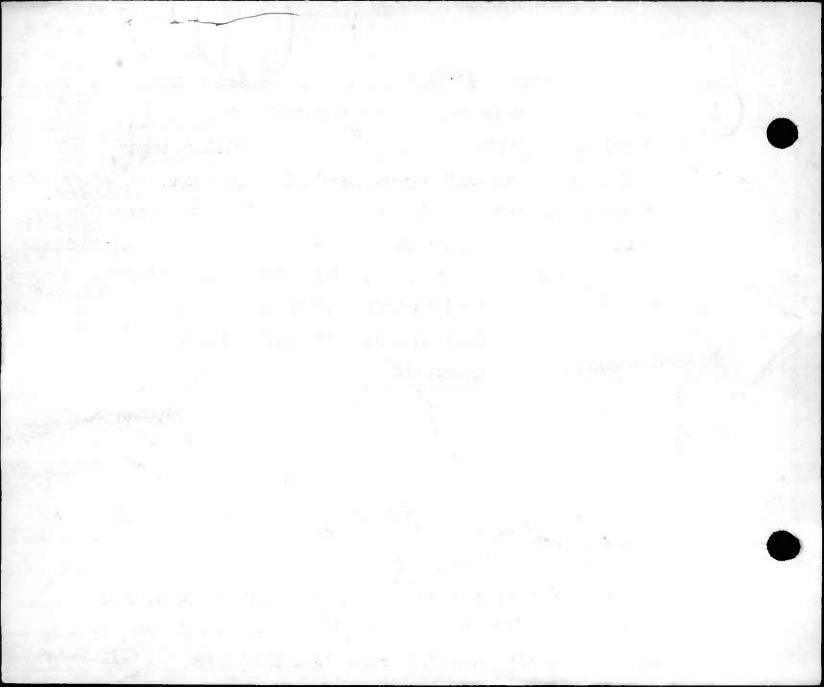
(VRA 15, 4)

24 FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME,

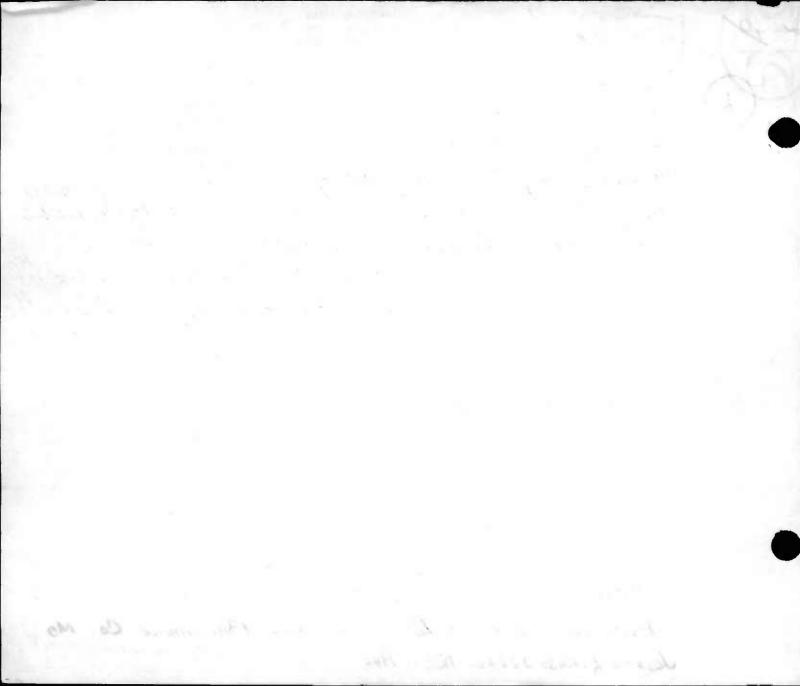
9705 Belair Rd212061

25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

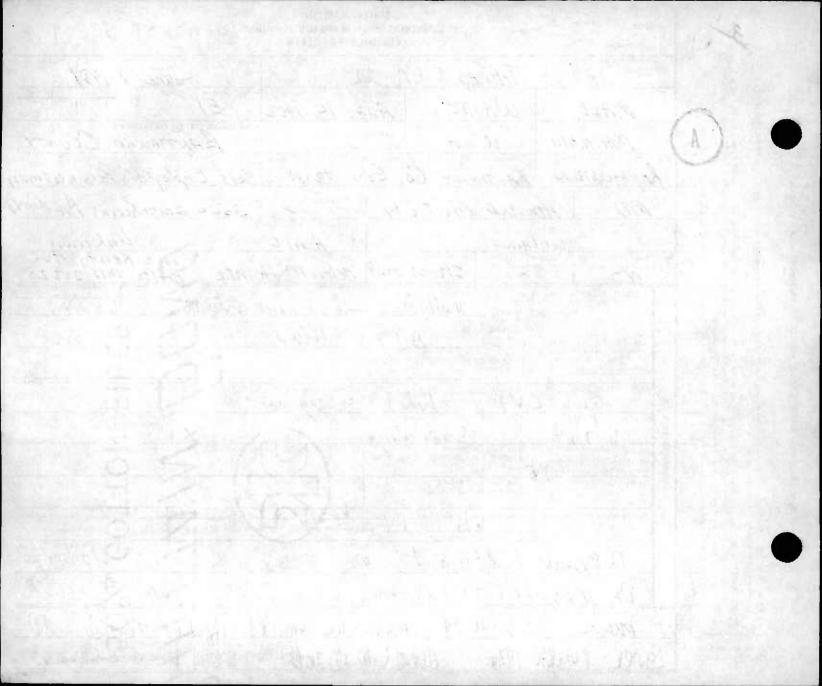
1 2016 1 5 184 Julia Davidson-Handelle



100	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 5 %
	ECEASED NAME TEST	us I. Car	(AST	REG. NO. 20 DATE OF DEATH MONTH June 13,198	DAY YEAR 26
1.5	MALE	1 RACE Black	5. DATE OF BIRTH MONTH DAY YEAR O/ 06 1911	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	IF UNDER LYEAR IF
151	BALTIMORE	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	DAllimore	Count
100	ALTIMORE COLL	(IF NOT IN SIJCH PACHITY, GIVE STREET	p Nussay won	120 USUAL OCCUPATION (TYPE OF ROOK FOR ROSE OF WORKING	12b. KIND OF BY
337	JAL RESIDENCE (IF NURSING HOME)	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO P	13e STREET ADDRESS / ZIP 900	Frederic
30	William	MEDIE CAPRO	15 MOTHER MAIDEN N. HRST ACh	AC MIDDLE ADDRESS	Ay/ox
2	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) 577-12	-129 Mrs. Alic	e CARROll59	100 Old FI
Tuna ott	PART I. DEATH WAS CAU	only one cause per line for (a), (b), on ISED BY: IATE CAUSE (a)	nous Cance.	- Lung	5 m
other traumo	Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last.	(b)			gar
NO NO	PART 2. OTHER SIGNIFICAN	ne task	DEATH BUT NOT RELATED TO THE TER		
277 5	are and the one office of the contract	IN COMPUTION FOR WILLICH			EC MEDE EINIDINION
2	HE DATE OF DISPLATION	196. CONDITION FOR WHICH		YES NOTE IN CERT	TIFYING CAUSES OF YES
CAL CERTIFICATION	TIO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF URE RIGHT MEDICAL EXAM	21b TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	IN CERT	TIFYING CAUSES OF YES
orked or Item 18 Mary only MEDICAL CERTIFICATI	ON CONTRIBUTING C CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	YES NOTE IN CERT	3 PART I OR PART 2) COUNTY
	TILE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JUSTIMER INJURY OCCURRED WHILE HOTEL HOTEL AT MODE THE LOCK AT MODE TO THE LOCK AT MODE AT MODE TO THE LOCK AT	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	AY YEAR 19 211. LOCATION STREET . 19 . and that in (my) (our) apinior	YES NOW INCERT	COUNTY COUNTY The county out and from the cau
T. If them 23 is morked or them.	TID. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UN EITHER INCIDENT MORCAL EXAM THE INJURY OCCURRED WHILE AT MORE THE CERTIFY that (I) [this has now the glecomed alone.	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	AY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	RRED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN A death accurred an the date and ha	(COUNTY
MEDICAL	TILE ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF JUSTIMER INJURY OCCURRED WHILE HOTEL HOTEL AT MODE THE LOCK AT MODE TO THE LOCK AT MODE AT MODE TO THE LOCK AT	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1) 10 10 11 12 12 12 12 12 12 12 12 12 12 12 12	AY YEAR 19 211 LOCATION STREET , 19 DEGREE ATTENDING	PRED (ENTER NATURE OF INJURY IN ITEM IS CITY OR TOWN A. to 6-13 In death accurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN []	COUNTY COUNTY Thou and from the county



			STATE OF MARTLAND		
1 - STATE REGIST	RAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		15211
1. DECEASED		WIDDIE	LAST	REG. NO.	DAY YEAR 2h HOUR
(TYPE OR PRINT)	JAMES	THOMAS CD	RAOLL	June	7 1984 "
1 SEX	2016	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
a. BIRTHPLAC	F LETATE OD EODE ION	76. CITIZEN OF WHAT COUNTRY?	AUG. 14 1902	9. BALTIMORE CITY OR COUN	TV OF DEATH
A COUNTRY)	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		ORE COUNTY
RANG	ACLS TOWN	11. NAME OF HOSPITAL, NURSING FROM IN SUCH FACILITY, GIVE STREET	ADDRESS EN. TOSP.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
USUAL RESID 13a. STATE	NCE (IF NURSING HOME O		E ADMISSION)	13e STREET_ADDRESS	2 1 1
4 FATHER'S	H	WARD EIMOTE	YES NO IS. MOTHER'S MAIDEN NO.	3500 Sount	Sorens INe 210
	IRST (Ph	MIDDLE LAST	Anni C	WIDDLE	unknown
60 WAS DEC		RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS 02	Kent. AVR.
N	D (F123.0	212-03	-0968 Helen M. 1.	teintz BAlt	o. MD 21228
18 CAL	SE OF DEATH (Enter of I. DEATH WAS CAUS	nly ane cause per line for (a), (b), ar ED BY:	dichi C. Ale A.	of astron	BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	a compa from	u amour	60 MC
Candi	ons, if any, which	DUE TO, OR AS A CONSEQU	-SCV deren	agen e	15 ynx
couse	rise to immediate (0), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
	ring cause last.	(c)			
	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION G	GIVEN IN PART 1(a)
CERTIFICATION 140 DAT	E OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
E E	6/7/84	Emboli	denny	YES NO	YES NO
	IDENT/WAS UNDERLYING [ATH HOUR A.M. MONTH D	AY YEAR 21t. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
/ 2	R NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
WHILE AT WORK	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
		ital) ottended the deceased from_	1/3, 19 6	f., to 6/2	, 190 , that (I) (we) last
ab	the deceased alive a ve, (I) (we) (did) (did n NATURE	ot) view the body after death.		death accurred an the date and h	aur and from the causes stated
£	2 Manuel	Fildmind	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	47/84
27d PH	SICIAN'S NAME (TYPE	ORPRINT) RICE PELPIN	MAN 220 ADDRESS	ROSS COUN	onx Bus
23a BURIAL	REMATION, REMOVA	23b. DATE / 0// 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Acquir A MA
24 ENNERAL	UK(ITC	6-11.04 1	MERCHANIOCE MEM. P	TE REC'D. BY REGISTRAR 255 REGI	STRAR'S SIGNATURE
(81 C) (AA	POLICA	HOME Aggles	of (it MA 16/2 111	N 1 0 400 4 Luis	Aguida a Mariore



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. poge 3

executed within 24 haurs ofter deoth. Page 4 may be

STATE OF MARYLAND

DEBARTMENT OF HEALTH AND MENTAL HYCICHE

8 4	5	2	1	-
REG. NO.			100	٦

1	1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO	O.	5 2	4 1 3
ľ		EASED NAME	FIRST		MIDDLE	į	AST	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
l	,,,,,	ON PRINTI	FLC	DRENCE	VIRGIN	IA (CASON	JUNE 24	1984		12:45PM
Ì	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	
I		Female		White	9	Dec.	25,1912	71	YRS.	JNIHS, DAYS	HOURS MIN.
ď		OUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	F DEATH	
۶		irginia		US	A	WIDOWE		BALTIMORE	COUNTY	7	MD.
1		Y OR TOWN OF DEA	ATH !		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATE		126. KIND C	OF BUSINESS OR
4	Re	ssville 2	1237		in Square		ital	Housewife	WORKING EIFE)	Hom	
1		L RESIDENCE (IF NURS		OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE		
1		ryland		imore	Essex 21		YES NOT	316 Sasaf		. 21	221
1		THER'S NAME					15. MOTHER'S MAIDEN NA	AME			
1		Walla		Graham	LAST		Sara	h Hall		LA	51
†		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
I	(4	(IF YES, GIVE WAR OR DATES)		226 o5 8182 Frances Lon		ng (Daugher)		(same)			
ľ		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),)				d (c),)				APPROX BETWEEN	ONSET AND DEATH
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-PULMONARY ARREST									
	DUE TO, MILTIO ORGANE FAILURE										
I		Conditions, if ony, which (b) PERITONITIS and pending rupture andgangrene									
		gove rise to immediate cause (a), stating the DUE TO, OR A LANGUE DUE TO									
ı		underlying couse lost.									
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
1	CERTIFICATION										
7	CAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION WAS PERFORMED 206		20a AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?	
1	TE							YES NOW	YES	_	NO 🗆
1	CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR							IT I OR PART 2)		
1	AL	OR CONTRIBUTING		E OF DEATH							
i	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	ADM 575)	211 LOCATION	CITY OR YOWN COUNTY STATE			STATE
ı	2	WHILE NOT WHILE AT WORK AT WORK									
1		270.1 certify that (1) (this hospital) attended the deceased from MINE 23 , 19 84 , to MINE 24 , 19 84 , that XII (we) last									
ì		sow the deceas above XIX(we) (ed alive on	TUNE	24 19	84_, •	nd that in (Xy) (our) opinion	deoth occurred on the de	ote and hour	and from the	couses stated
1		22b. SIGNATURE	0		/	//	DEGREE			22c. DATE	SIGNED
1		M.E.	Co	TR	which		ATTENDING PHYSICIAN	MEDICAL STAI			
1		224 PHYSICIAN'S N.	AME UNO C	OR PRINT)	1		22e. ADDRESS		Al de		
		M.E	. '60	toll	weh.	/	9000 FRANKT	IN SQUARE DE	RIVE	21237	
1	73a B	URIAL CREMATION	REMOVAL	123h DATE	230	NAME OF C	EMETERY OR CREMATORY				

DHMH - 16 50M 4/8/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medicol

I sws ony injury, ar ather troumatic event, the

IMPORTANT: If Hem 21 is marked ar Item

(SPECIFY) BP. 24. FUNER

Holly Hill Mem. Gardens Baltimore County Maryland

256 DATE REC'D. BY REGISTRAN 256 REGISTRANS SIGNAL PROPERTY.

Old Eastern Ave. UM 2 5 4984

PA Home Funeral

Search Benefit to the Secretary Co.

eral content of 1912 71

in inia con content of a spital conserving conserving conserving conserving content c

O - R.26 of Flag lawner (Lawher) (same)

urial 6/27/PP solly Hill sem. Uardens Saltimons County Par Land

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filling with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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CTATE OF MADVIAND DEPA

	JIM	IE OI	144	MILL	AITU		
RTMENT	OF	HEAL	HT.	AND	MENTAL	HYGIENE	
CE	RTI	FIC	ATE	OF	DEATH		

8	6.03
	REG. NO.

	5	2	1	9
OAY	YEAR	126	HOLIR	-

- STATE REGISTI	RAR			DEI ARTA	CERTIF	ICATE OF	DEATH	3	REG. NO		5	do	
1. DECEASED N	NAME	FIRST		MIOOLE	l.	AST		20. DATE OF DI	EATH A	HTMOA	OAY YEA	AR 2b.	HOUR
THE SHIPSON		Karew			CHAR	LES		Jur	ne 27	. 19	84	5	:00 8
1.5EX			4 RACE		5. DATE C			6. AGE (IN YEAR	S LAST BIRTH	HOAY)	IF UNIOER 1 1		JNOER 24 HR
Male		1 1981	Whi	te	MONTH 10	12	1925	58		YRS.	MONTHS D	AYS HO	DURS MIN
7a. BIRTHPLAC	E (STATE C	OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE	CITY OF		Y OF DEAT	H	
COUNTRY)		T. Marine					MARRIED -	Baltin	more	Coun	+57		
West V	WN OF D	II a FATH		A. HOSPITAL NURSIN	WIDOWE		STITUTION	120 USUAL OC				ND OF BL	JSINESS C
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FO			FEI INDUS	TRY	
Rossvi		Drawe wout on		Lin Squar		pital		Store	Mana	ger	WEST	ERN	ELECT
130. STATE	INCE (IF NO	13b. COUN		13c. CITY OR TOW		13d INSIDE	CITY LIMITS?	13e.STREET AD	DRESS /	ZIP CODE	E		
Maryla	nd	Balti	more	Edgemer	e	YES 🗌	NO 🔀	Rt.10,	Box	659-	-C	2:	1219
14. FATHER'S N	IAME IRST		MIDDLE	LAST		15. MOTHER	R'S MAIDEN NA		MIDDLE			LAST	
	inle		······································	Charles	5	F:	rances					Park	er
160 WAS DECE	EASED EVE	R IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORM			ADDRES	SS Rt.	10, B	ox 6	59-C
NO OR C	UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	235-34-8	R344	Sugie	E. Char	rles			to. M		1219
	CE 05 D	ATH (C.)		line for (a), (b), on		Dubic	J. Ollai						INTERVAL T AND DEATH
	Sep:		ONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE C)R COND	ITION GIV	VEN IN PAF	RT No	
21a. ACC	E OF OPER		19b. COND	b. CONDITION FOR WHICH OPERATION WAS PERFORMED b. TIME OF INJURY 21c. HOW INJURY OCCUI			ORMED	200 AUTOPS	SY?	IN CERTI	S, WERE FI FYING CAU	USES OF	
210. ACC	IDENT WAS	INDERLYING [21b. TIME C				RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	RIBUTING [CAUSE OF DEA	HOUR A.	M. MONTH DA				14					
<u> </u>	ER, NOTIFY M	IDDED		M. OF INJURY	19	211. LOCAT	ION						
WHILE AT WORK	□ NOT	WHILE D		REET, FACTORY, OFFICE, F	ARM, ETC)	STRE	ET		CITY OR TOW	VN.	COUNT	Υ	STATE
				ne deceosed from _		5-84	, 19	_	27		19_84		
abo	ve, (+) (we	osed olive on (did) (did)	6–27 X view the body	after deoth.			y) (our) opinion	deoth occurred o	on the do	te and hou			
22b. SIG	NATURE	-		,		DEGREE	ATTENIONE	MEDIC M	CTAF		22c. D	DATE SIG	NED /
1	Spri	two	Ban	no			PHYSICIAN [DIRECTOR	STAFI PHYSICI		61	1271	84
220 PHY		ter Ba	nks, M.I	0./		22e. ADDRE 900		lin Squa	re I	rive	212	37	
230 BURIAL, C	REMATIO	N, REMOVAL	23b. DATE	23c.1	NAME OF C	EMETERY OF	RCREMATORY	23d LOCATI			4000	- 14	
(SPECIFY)	Bur	ial	6/30/	/84 M	t. Ho	llv Cer	metery	Remin		. Fai	uquie:	r. V	irair
24. FUNERAL D			Ruck, Ir					TE REC'D. BY REC	ISTRAR	25b. FEGIS	TRAR'S SIG	NATURE	
NAME				Dundalk,	MD :	21222	J1		984	Julia	Davids	on-R	indel

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

		1, 1
EX EXECUTE (SECTION		nZilpalvono.
	The Deviation of the Principle of the Pr	
STATE OF CHARLES STATE OF		
	CARAMETER PROPERTY OF THE PARTY	W 11 10
NOTICE AND A STREET OF THE STREET		
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1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	8 4 REG. NO.	1	5	2 2	2 4
	CEASED NAME	FIRST		MIDDLE		AST	20. DATE O	FDEATH MONTH	DAY	YEAR	26 HOUR	R
		ROBERT		В.	CHA	SE	6-	2.4587				٨
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	RTHPLACE (STATE COUNTRY) Pennsylva		76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED		recity <u>or</u> cou timore Co				WE
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13a 5	at RESIDENCE (IF) STATE aryland	13b COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWBON		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP CO Versaille	ODE es Ci	r. 2	1204	
	harles		ratt	Chase		IS. MOTHER'S MAIDEN NA Sade	ME	MIDDLE		Stew	art	
	WAS DECEASED EY YES, NO OR UNKNOWN NO		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 087-07-7		Mrs. R.B.Cha	se 151	ADDRESS Versail	Les C			
		IMMEDIAT any, which immediate	D BY: TE CAUSE (a) DUE TO, O	R AS A CONSEQUE	NCE OF	dial wif	usch	hou)		34	MATE INTERVONSET AND I	PEATH
CERTIFICATION	PART 2. OTHER S	SIGNIFICANT (-76		NOT RELATED TO THE TERM	200 AUTO	OPSY? 20b. IF	YES, WEF	RE FINDI	NGS USED OF DEATH	H?
MEDICAL CERT	210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	P. P.	M. MONTH DA	YEAR	21c HOW INJURY OCCUR				R PART 2)		
MEDI	AT WORK	T WHILE	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	to	CITY OR TOWN	19	OUNTY	that III (w	ATE

IMPORTANT: If them 21 is marked of should be detached for use as with the State Dept. of Health

certificate has bee

ottending physician and campletely filled in by the funera have carban papers. Pages 1 and 2 should be filed within 72

E. Hunter Wilson Jr.

705 Medical Arts Bldg.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial 6-26-84

23c. NAME OF CEMETERY OR CREMATORY Druid Ridge

22e. ADDRESS

DEGREE

23d. LOCATION CITY OR TOWN

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

COUNTY

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

Pikesville Baltimore Maryland ICO BY REGISTRAR 256. REGISTRAR'S SIGNATURE 26 1984

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After

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to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Hea IMPORTANT: If Ite

BP.

1 - STATE

STATE OF MARYLAND	.ca		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	S	4	
CERTIFICATE OF DEATH		REG NO	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		1
	CEASED NAME	FIRST	A	MIDOLE	l.	AST			AY YEAR	26 HOUR
(I YPE	OR PRINT)	DWARD	CI	URTIS	CI	ARK	JU	NE T	7 1981	10:35 pm
3. SE	х		4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
1	MALE		WHITI	5	NOVEM		71	YRS	ONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OF		OF DEATH	
	KENTUCKY		U.S.	Δ.	WIDOWE	DI DIVORCED	BALTIMORE	COTTN	Tγ	MD.
	ITY OR TOWN OF DE	ATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION			OF BUSINESS OR
1	FORT HOWAL		VA M	EDICAL CE	NYTER		(TYPE OF WORK FOR MOST OF	WORKING LIFE		ms
USU,	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BY ONE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	2/2	2-/
MA	RYLAND		IMORE	BALTIFIO	RET	YES NO D		MSEL	RI	2
F.EA	THER'S NAME					15. MOTHER'S MAIDEN NA				
/	ROANE		MIDDLE	CLARK		CAROLYN	WIDDLE		EAR	HART
	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN)	VIEI	NAM	233 18 5	371	CLINICAL REC	CORDS, VAMC.	FORT	HOWARI	
	18 CAUSE OF DEA	H (Enter on	ly one couse per	line for (a), (b), and	l (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V		D BY: E CAUSE (a)	ACUTE RES	PIRAT	ORY ARREST			35 1	Serving
	4760			r as a conseque	NCE OF					
	Conditions, il ony	, which	(b)	CHRONIC O	BSTRU	CTIVE RESPIRA	ATORY DISEAS	E		
	gave rise to im		DUE TO OF	R AS A CONSEQUE	NICE OF					
	underlying caus	5		BILATERAL		MONIA				
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVE	N IN PART 10	a
N O										
ATI	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
MEDIICAL CERTIFICATION							YES NOTE	YES	YING CAUSES	NO [
CER	21a. ACCIDENT WAS UN	_	216. TIME O		u uean	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PA	ART 1 OR PART 2)	
¥.	OR CONTRIBUTING				Y YEAR					
H	21d. INJURY OCCUR		21e PLACE		17	211 LOCATION		-		
X	WHILE NOT W	HILE	(AT HOME STR	TEET FACTORY OFFICE FA	ARM ETC)	STREET	CITY OR TOV	/N	COUNTY	STATE
	22a. I certify that 2		tal) attended the	e deceased from_	APRIL	19 19 84	to JUNE 7		19 8/1	that JC (we) last
	sow the decea	sed alive on		19.8	4 . 01	nd that in (n) (our) opinion	death accurred on the do	te and hour	and from the	causes stated
	22b. SIGNATURE	did) (Inchise	1) view the body	offer deoffi.		DEGREE			22c. DATE	SIGNED
	1111	ana				ATTENDING PHYSICIAN [MEDICAL STAF		61-	184.
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS	_ DWECTOR THISIC	AA.		
	Р. К.	ANANI.	M.D.			VA MEDICA	AL CENTER, F	ORT HO	OWARD.	MD

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
ARLENGTON

5

DHMH - 16 50M 4/83 (VRA 15, 4)

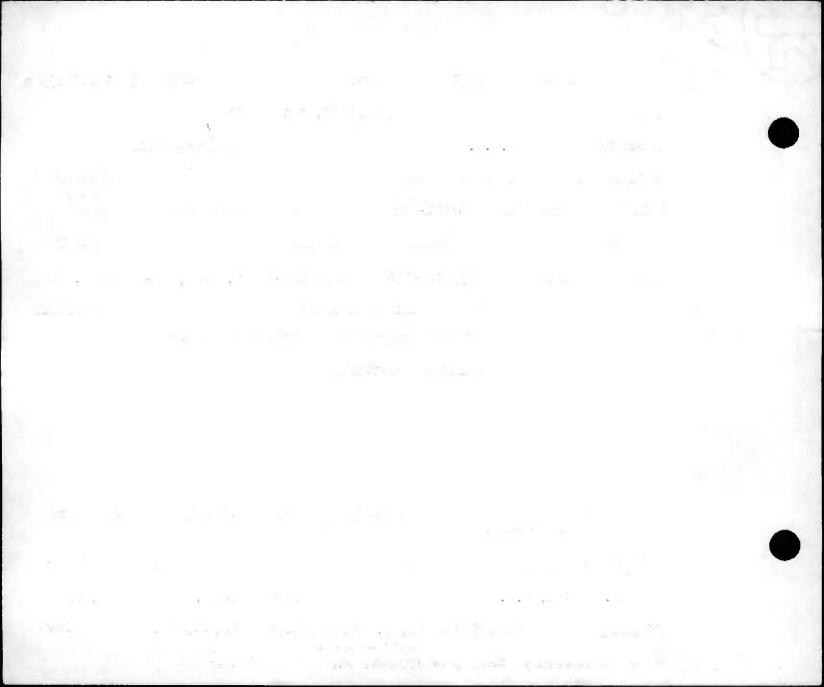
130. BURTAL JUI 134 FUNERAL DIRECTOR

T. G. CONNELLY SUNCH, 1984 ARLINGTON NATIONAL

ADDRESS BYERD. MID 21224 250. DATE

Y SONS E.A. 300 MACE AVE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



OR ATTENDING PHYSICIAN: The law requires that the death certificate b

etained by the haspital or attending physicion.

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

												2	1
63	e executed within 24 hours after death. Page 4 may be	within	24	hour	5 0	fer.	death.	Pag	4	E O	o pe		•
								/		1	-		
_ 0	Dogs temperature	1		TOTAL IN	DA I	1	D 20	1	1	2.7	1	2 -4	Name of Street, or other Persons

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 5 2

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	Ο.		
1. DECEA	ASED NAME	FIRST	A	AIGOLE	ti	AST	2a DAT	E OF DEATH	MONTH	DAY YEAR	26 HOUR p
(TYPE OR	(PRINT)	MARG	ARET	J.	COL	KER	JT	JNE 2.	1984		9:00 4
3. SEX			4. RACE		5. DATE C		6 AGE	IN YEARS LAST BIR		IF UNDER I YEAR	# UNDER 24 HRS
	Female		Whi	te	July	y 8, 1921		62	YRS.	MONTHS DATS	HOURS MIN.
	HPLACE (STATE OF	R FOREIGN	6 CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	9 BALT	IMORE CITY O	R COUNTY	OF DEATH	
	ew York		US	A	WIDOWE		x Ba	altimon	re Co	unty	MD.
10. CITY	ortown of DE Pikesvi		(IF NOT IN SUC	H FACILITY, GIVE STREE	ET ADDRESS)	ng Home	LTYPE OF	UAL OCCUPATION WORK FOR MOSFO	F WORKING LIF		Emp.
USUAL I	RESIDENCE HE NUE		OTHER INSTITUTION.		ORE ADMISSION)	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌		Palmer	ZIP CODE	en 2	1210
M FATH	HER'S NAME		AIDDLE	TAST		15 MOTHER'S MAIDEN		MIDOLE		LAS	CT.
1	Horace	,	C.	Jeff	erson	Jessi	.e		Ma	cFarl	ane
	S DECEASED EVE		AED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRE			
(TES.	Yes	WW	ÏÏ	219 10	1492	Lois C. D	avis,	, Merr	itt I	sland	, FLA
18	CAUSE OF DEA	TH (Enter onl	y one couse per	line for (o), (b), c	and (c).)					APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH	WAS CAUSEI		ancina	mast	be lung				6-	nos
	1627	774776		R AS A CONSEQ	LIENCE OF)					
	Conditions, if on	y, which	(b).								
	gove rise to in		DUE TO O	R AS A CONSEQ	LIENCE OF						
-	underlying cous	e lost.	(c)	(A) A CO (O) C	oerice or						
P	ART 2 OTHER SIC	SNIFICANI C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DIS	EASE OR CON	DITION GIV	EN IN PART 1	0
N O	Cou pul	elisable									
CERTIFICATION	DATE OF OPER	ATION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		, WERE FINDIN	
1 E							YES	□ NO.	/	S 🔲	NO []
₩ 21	1a. ACCIDENT WAS U	- Land	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (EN	ER NATURE OF INJU	RY IN ITEM 18 P	PART FOR PART 2)	
IA .	OR CONTRIBUTING	,	III		19						
MEDICAL	1d INJURY OCCU	RRED	21e PLACE	OF INJURY	E CADAS ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
-	WHILE NOT V	VHILE C	(AT HOME ST	RELITACIONI OFFICE	E PARM EIC)						
22	2a.1 certify that (l) (this be not	ah attendeyith	r deceased from	77.	2-5 19_8	, to _	6-8		1934	that (1) (we) last
	sow the decen	sed plive on,	view the body	After death	84 00	nd that in (my) ioni	ion death oc	curred on the de	ote and hou	r and from the	couses stated
2	25 SIGNATURE	New	1001	n		DEGREE				22c. DATE	SIGNED
	y Mickey	NUM	range.		1	ATTENDING PHYSICIAN	G MEDI	CAL STAI	FF CIAN []	6.9	.89
23	MI CHUE	TRO	dikop			222W	JUSG	my low	p Bi	ilty Mo	DIE15 R
	RIAL, CREMATION	, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATOR	RY 23d	LOCATION CITY OR TOWN		COUNTY	STATE
[SPE	Cremat	ion			Green	Mount		Balto.	,		MD
24 FUN	JERAL DIRECTOR	Henr	y W. J	enkins		ns Co. 25a. I	DATE REC'D	BYREGISTRAR	23b REGIM	RAR'S SIGNA	difficult i
110	NAME OF Warel		•			212	UN 7	1984	W. W.		

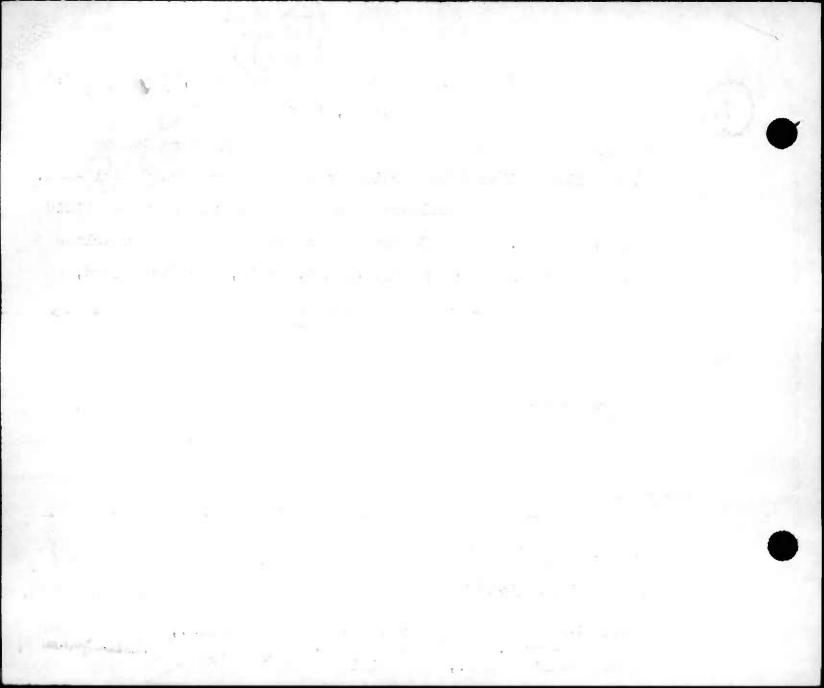
DHMH - 16 50M 4/83

(VRA 15, 4)

4905 York Road Balto. MD

21212

1984 JUN 7



within 24 hours after death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1-	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. NO).		
	CEASED NAME	FIRST	M	NIDDLE	U	AST	2a. [DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
(ITPE	OR PRINT) E1.	len	Cath	nerine	Col	.e		1	the a	7.84	5:35Pm
3. SEX	remale	4	Whi	ilt	5. DATE O		6. A	GE (IN YEARS LAST BIRT		IF UNDER TYEAR	HOURS MIN.
7n. 81	ATHPLACE ISTATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY	8.	NEVER MARRIED	7 9 B	ALTIMORE CITY O	COUNTY	OF DEATH	
11	WHILAM	d	USA	nation.	WIDOWE	/		KIN COY.	NJY		MD.
10.CI	TY OR TOWN OF DEA	TH 11		OSPITAL, NURSI		ROTHER INSTITUTION	{TYP	USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE		F BUSINESS OR
10	augnor	0	Ste	Magan	HO	pull	E	Factory	Wkr.		
	AL RESIDENCE (IF NURS)	13b. COUPT		13c, CITY OR TO		13d INSIDE CITY LIMIT YES NO		STREET ADDRESS	ZIP CODE	wind A	PU 21234
14. FA	THER'S NAME	MA	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAS:	т
	Richard		100	Dolan		Cather	cine			allagh	er
	VAS DECEASED EVER	IN U.S. ARMI		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	Bal	to, Md.	21234
	No			213-12	-3824	Waide Co	le_,	husband	,310		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per BY:	line for (o), (b), o	nd (c'.)	mail I	A	0		BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIATE		KELF	1011	10/24	MA	in			
	e tu		DUE TO, OR	AS A COMSEQU	PICEPFA	5An7 8	NE	UHONI	1		
	Conditions, if any, gove rise to imm	nediote	(b)	// //	1 1/1	1010	,	S. 14 0101.	T	1	•
	underlying couse		DUE TO, OR	AS A CONSEQU	in fli	ua?	AS	THE ATT	0 3	Poule	lut
NO	PART 2. OTHER SIGN	VIFICANT CO	NOITIONS CO	INTRIBUTING TO	PEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONI	OITION GIV	EN IN PART 110	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		es No		, WERE FINDIN YING CAUSES S	
	210. ACCIDENT WAS UND		216. TIME OF	F INJURY M. MONTH [AY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM IB P	ART T OR PART 2}	
MEDICAL	(IF EITHER NOTIFY MEDIC		P.A		19	211 LOCATION				-	
ME	WHILE NOT WH	HLE		EET, FACTORY, OFFICE,	FARM, ETC.)	STREET	0.4	CITY OR TO	WN	COUNTY	STATE
	226.1 certify that III	THE REAL PROPERTY.) attended the	decembed from		1/8 19	84	10 6/2	Co	19 1	that (I) (we) last
	saw the decrase above, (fi (we) (d		6/2	9/19	84 .01	d that in (my) (our) opi	inion death	occurred on the do	te and hou	ond from the	couses stated
	726 SIGNATURE	111	11	7		GREE				Th. DATE	1990 .
		111	u	u	>	ATTENDIN PHYSICIA		EDICAL STAF		1/	414
	22d. PHYSICIAN'S NA	ME (TM CHI	A B	n Asli		22e ADDRESS 7	Brak	21.1	2/10	SINA	1
00		7 14 101	/ ~/	CITTIN	NAME OF C	1 91 11	UNIT !	3d LOCATION	YUN	/////	
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO	JRY /	CITY OR TOWN		YIAUOD	STATE
24 EI	Burial		7/2/8)4	Morer	and Cem.	DATE REC	Baltim			LIDE

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers- Pages 1 and 2 should be filled within 72 hours off with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the hospital or attending physician.

injury, or other troumotic event, the

(MPORTANT: If hem 21 is morked or hem 18 shows ony

FOR

SCHIMUNEK FUNERAL HOME, 9705 Belair Rd, 21236

Sulia Nevidron Randall

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

retained by the hospital or ottending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely lilled in the the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

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may be

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENS

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

5 Engle .

JUN 1 9 1984 La Davidson-Rander

JUN 1 9 1984

•	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			- 1	>
	CEASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOU	R
(TYPE	Mrs.	Ca l	lie A.	Cole			Time	16-1984			7.1	50M
3. SE:		, bu.	4. RACE	COTE	S. DATE C	OF BIRTH	6 AGE (IN YEARS		IF UNDER	RIYEAR	IF UNDER:	
	P. CHARLES				MONTH	OAY YEAR	~		MONTHS	UAYS	HOURS	MIN.
	rale		Caucasia		May 1	1911	73	YRS		. 711		
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE	JITY OR COUN	TIY OF DE	AIH		
Pe	nsylvania		USA		WIDOWE		Baltimon	e County				MD.
10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCC			KIND O	F BUSINE	SS OR
Ra	ndallstown			e County (Hospital	Retired -			OJIKI		
	AL RESIDENCE (IF NURS		OTHER INSTITUTION.	GIVE RESIDENCE BEFO	RE ADMISSION)				200			
		136. COUN		Baltinor		13d. INSIDE CITY LIMITS?	6309 Mon				2120	7
_	THER'S NAME	риси	OLC	Durchio		15. MOTHER'S MAIDEN NA		ING THECK			2320	
	FIRST		MIDDLE	LAST		FIRST AND T		DOLE		LAST	iT	
_	nn Henry Peif					Sarah A. (Wil		ADDRESS			0220	
	VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	16b SOCIAL SEC		17. Mr. Porald Co.	me				21133	
m				157-14-3	3533A	9918 Shoshone	Way	Randall			aryla	
	18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (o), (b), o	nd (c).				В	APPROXU ETWEEN C	MATE INTER	DEATH
	PART I. DEATH W		D BY: TE CAUSE (0)	HYP	OTE	MSIVE 5	HOCK	MALE AND				
		II THE CONTRACTOR		R AS A CONSEO	HENICE OF						- 1	
	Conditions, if ony,	which	DUE 10, OF	0 58 PI	RATI	DRY DEI	D 2818		0.0			
	gove rise to imm	nediote) (b)	A.G.O.	////	7 716 1	0.00.0	1000				
	couse (o), stotin underlying couse		DUE TO, OF	RAS A CONSECU	UENCE OF	& EMPLI	JETIMA	7	119			
			(c)	L/7-2 3	1119	C 411/1/	000111		1.			
z	LARGE		1 0 0	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION	SIVEN IN F	'ARI IIO	0	
CERTIFICATION			SMAL	-6 100	WCL	010-110-01		0 100 15	WES INCOM	CIAIDIA	100 1100	
CA	190. DATE OF OPERA	TION	196 CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY		YES, WERE			
TIF	0///8	7	1000	EL 000	3724	CILON	YES NO		YES 🗌		NO [)
CE	210. ACCIDENT WAS UNE		110110 4		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR	PART 2)		
AL	OR CONTRIBUTING (KIPI -		19							
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION		TY OR TOWN		UNIY		TATE
×	WHILE NOT WH	THE	(AT HOME, STR	EET, FACTORY, OFFICE	FARM, ETC)	STREET	Ci	I OK I OWIN	CO	21411	31	IAIL
	22a.1 certify that (I)		tall attended the	a decorred from		. 19	to		19		that (I) (v	ve) lost
	sow the decease			19		nd that in (my) (our) opinion		the date and				
-8	obove, (I) (we) (c	did) (did no	t) view the body	ofter deoth.		DEGREE					SIGNED.	
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	7/4/00	FON	1/24	00 a	/	PHYSICIAN [DIRECTOR			6/1	16/8	14
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DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours after death. Page 4 may 5e rig

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely falled in by the funeral dis-should be detached for use as the busid-trainst permit. Then plaase remove corbonopers. Pages 1 and 2 should be filled within 72 has with the State Dept of Mealth and Mental Hygiete prior to busid, cremation, or removal.

MADRIANT, if them 21 is marked as them, 48 shows any injury, at other traumatic event, the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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JUN 29 1984 Julia Davidson-Randa

	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	-
1		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1	(TYPE	OR PRINT)	dA M	Cole MAN	6	25.84 1240pm
1	3. SE >		4 RACE WHITS	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	1	EMA12	CAU	MONTH DAY YEAR	8 81 YR	
0		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COLL	NTY OF DEATH
/		WSTVA.	USA	WIDOWED DIVORCED		S) MD.
9	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	IRSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY
9	1	TOW-SON	St	Joseph's		FSO GOVT.
		AL RESIDENCE (IF NURSING HOME OF			S? 13e.STREET ADDRESS / ZIP CO	ODE 21030
l.		Md Be	knoke cocked	SVINO YES NO	11933 FAL	LS Rd
V)	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
/		JAMSS	O. COP	Lin Ross		ZUMBACH
ľ		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17. INFORMANT	ADDRESS	
		00	219-	30 8597 FAMIL	M KECOROS	
1			inly ane cause per line far (a), (b)), and (c).)	+	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	audiai orro	11	
			DUE TO, OR AS A CONSE	EQUENCE OF P	TO	
		Canditians, if any, which	(b)	Peyerato.	ry Failure	
1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF AMA	1	
	0	underlying cause last.	(c)	COPP.		
	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
_	CERTIFICATION				To the second second second	VEC AVERE EN LO VICE
r	ICA	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
į.	RT				YES NO	YES NO
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	IS PART T OR PART 2)
	S	(IF EITHER NOTIFY MEDIC ALEXAMINE	R) P.M.	19		
-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK NOT WHITE			T. S.	E. C.
			oital) attended the deceased from 23	61	7 to June 23	
	0		al) view the bady after death		nian death accurred an the date and	
J		226. SIGNATURE	A 107.110	DE GREE ATTENDIN	IG MEDICAL STAFF	22c. DATE SIGNED
L		Cun 1)	Ayumin.	PHYSICIA	DIRECTOR PHYSICIAN	6/11/07
		22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	EN An CALUM	10:16 md71121
		otorut 13	ALBRIGHT, II			15ville, md. 21030.
		BURIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY
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TO HOSPITAL OR ATTENDING PHYSICIAN. The lo retained by the hospital or attending physicial

24 FUNERAL DIRECTOR

HAPILOFLHIMSS

DHMH - 16 50M 4/83 (VRA 15, 4)

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3. SE)	K	4. RACE	5. DATE OF BIRTH 6. A	AGE (IN YEARS IF UNDER) YR. IF UI	NDER 24 HRS. 2c DATE	MONTH DAY YEAR 26.
Ma	ale	White		72 YRS. HOU	RS MIN PRONOUNCED DEAD	Tione 3 84 16
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	ITY OR TOWN		11. NAME OF HOSPITAL, NURSIN	NG HOME, OR OTHER INSTITUTION		TYPE OF WORK 126 KIND OF BUSINE
	parks		2323 Stringtov	wn Road, #21152	Cabinetmak	
130 S	Al RESIDENC TATE arylan	1136 COUN	or other institution, give residence befondty 13c. CITY OR Spark	TOWN 13d INSIDE CITY LIM	ISP ISE STREET ADDRESS 2323 String	town Rd H15
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F	loyd		Jefferson Co	ombs Betty	Maude	Smith
16a V	WAS DECEAS	ED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT		RESS Belair, Md. 21
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		OF DEATH (Enter or DEATH WAS CAUSE	nly ane couse per line far a), by, an	dely -1-1-1	1-DL	APPROXIMATE INTE
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ATION	gave cause (lying co	rise to immediate a) stating the <u>under</u> ause last.	(c) CONTRIBUTING TO DEATH BUT NOT RELATED TO			20 AUTOPSY?
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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIE**

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	REGISTRAR			· · · · · · · · · · · · · · · · · · ·	REG. NO.	ONTH DAY	YEAR 25 HC	
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		CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF D	EATH	
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10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION		KIND OF BUSH	
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1_	GERGE A	WHONY (O	KIFFIN	SUSAN	NMT.		CKNE	= Y_
	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES!	SECURITY NO.	17. INFORMANT	_		Drawe	F-
_	NO	032	20 2958	17/10/1/100	- COL NA	MBUNG		
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	saw the deceased alive on abave, (1) (we) (did) did riot		2 (D	nd that in (my (our) apinion de	eath accurred on the date	and hour and	from the couses	
1	abave, (1) (we) (did) (did riot	view the body after death.		DEGREE			22c. DATE SIGNE	D
	Q.D. 301	Mmerma	un	MD. ATTENDING PHYSICIAN	MEDICAL STAFF	_	6/15%	1984
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	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY)	6 46 01.	C	D	Catonsvill	e. Ralt	d more	Md.
24 F	UNERAL DIRECTOR	6-16-84	Securit		REC'D. BY REGISTRAR 25			-14.

T6 50M 4/83 (VRA 15. 4)

TO FUNERAL DIRECTOR

Marzullo Funeral Service

Reisterstown, Md.

Md. JUN 1 8 1984 La Davidson-Randers

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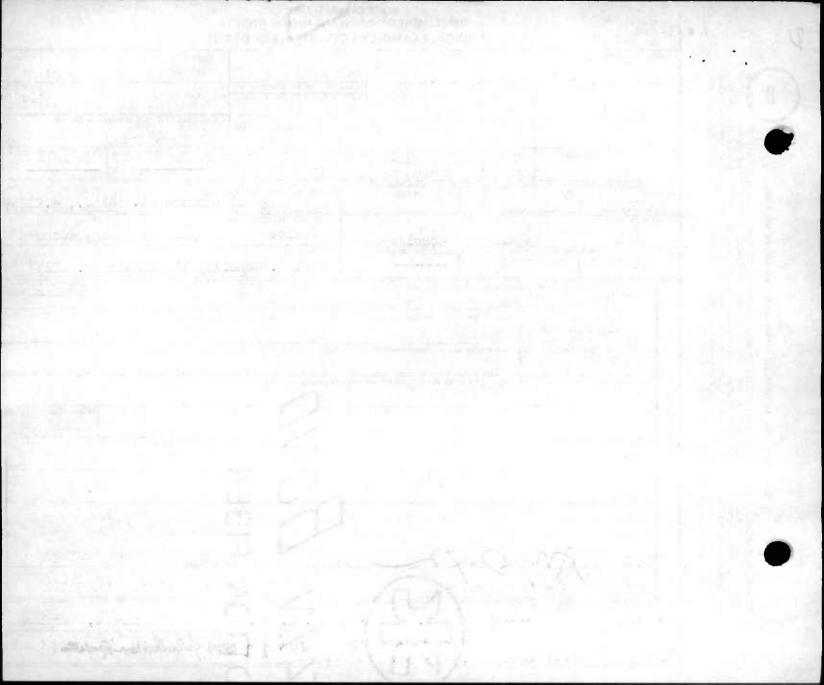
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DAITIMORE, MD. 21201 CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY DELA VIS NECESSAR, ELECATIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO VIE FUNERAL DIRECTOR HOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOR YOUR RIFES, RAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHEDUD BE FILED WITHIN 22 HOURS ATH, WITH THE STATE DEPRATIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALRECORDS. 201 WISSETTON STREET.	L DIRECTOR	N 72 HOURS FON STREET,
DIVI AL EXAMINER: THIS CEI THE CERTIFICATE, WRITH HOULD BE FORWARDER AAL DIRECTOR: PAGE 3 ATH, WITH HE STATE DE RE ARRYTAND 21201 BE	CAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIER DEATH. IF ANY DIJAYOS NEGESSARY THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 10 UHERUNERAL DIRECTION IN REPORT OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, SELAIN PAGES 100 YOUR EXAMINER ALONG WITH FORM PM 3, SELAIN PAGES 100 YOUR EXAMINER ALONG WITH FORM PM 3.	RAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALLIECORDS, 201 W. PRESTON STREET RE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

BP_ DHMH - 17 (VR A15 ME (5)) 20M 4/B2

		STATE OF	MARYLA	ND	
DEPART	MENT	OF HEALT	H AND N	MENTAL	HYGIENE
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13. STATE MARCOUNTY MARC	1				Franklin	Square Ho		DOA)	FOR MOST OF W	ORKING LIFE)		OK INDUST	
MARYLAND BATTMORE	1			IN NURSING HOME OF	OTHER INSTITUTION, GIV		ION)	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS			
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11	6	14) FA			MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	WIDDIE		LAST	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).	M			E					L	~	Wa	genfuel	hr
IL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under- lying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTINUUTING TO DIATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 (a) 19th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED? 10th DATE OF OPERATION 19th CAUSE OF DEATH 19th CALLES OF INJURY 19th CALLES OF INJURY 19th CALLES OF INJURY OF INJURY 19th CALLEX AMINER 19th CALLES OF INJURY OF INJURY 19th CALLEX AMINER 19th CALLEX	1	160. W	AS DECEASED	EVER IN U.S. ARM									
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Burial 6-8-84 St. Michael Luth.Ch.Cem. Baltimore, Maryland	-				M. Dixon,			ADDRESS			, Ma	. 2120	L
2012 0 120 120 120 120 120 120 120 120 1		230.BU	JRIAL, CREMATI						CITY OR TOWARD		COUNT	Υ	STATE
													Land
24. FUNERAL DIRECTOR ADDRESS 1401 BRIME Rd., JOSE REGISTRAR 256. REGISTRAR SSIGNATURE ADDRESS 1401 BRIME Rd., JUN 1 BRIME Javidson Fundament		24. FU	NAME		ADDRESS	1401 Beltit		ZSO. DATE	CEC'D. BY REGISTI	reha David	MAR'S SIG	MATURE	2



FOR STATE REGISTRAR

Juli

1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE A S	2 2 9
Corbett OR DETT	26. DATE OF DEATH MONTH DAY	YEAR 26. HOUR 9 9M
5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF I	UNDER 1 YEAR IF UNDER 24 HRS.
WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	DEATH OUNTY MD.
HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WAITESS	12b. KIND OF BUSINESS OR INDUSTRY Tavern
GIVE RESIDENCE BEFORE ADMISSION) 13 CTY OF TOWN 1 YES NO NO NO NO NO NO NO NO NO N	13. SIREEI ADDRESS 7742 Wynbrook Rd	. 21224
LAST Ber	MIDDLE	LAST
16b. SOCIAL SECURITY NO. 17. INFORMANT 219 05 6876 Charles H. Co	orbett, Husband	Same
line for (a), (b), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
R AS A CONSEQUENCE OF		
AS A CONSEQUENCE OF		
ENTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110

5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT C	COUNTRY? 8. MARRII		9. BALTIMORE CITY S	OR COUNTY OF DEATH
10	7	TOINS ON	STE ISO	AL, NURSING HOME V, GIVE STREET ADDRESS)	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	
all single	13a. N			Stpoint	YES NO NO		rook Rd. 21224
2/	14. FA	THER'S NAME Ludwig	Jugo	LAST	15. MOTHER'S MAIDEN N	rtha Marec	
e medico	160 V	VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	9 05 6876	Charles H.	Corbett, Hus	
vs ony injury, or other troumotic	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF	hEmic	· H.	TNOT RELATED TO THE TER ENECT ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF
Hem 18 show		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. ME		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	YES
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospit		ORY, OFFICE, FARM, ETC }	21f. LOCATION STREET	LITY ORTO	23, 19 84, the
Hem 21 is	1	sow the deceased dive one above, (1) (we) (did) (did not 22b. SIGNATURE	JUNE ?	7219 840	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	

DHMH - 16 50M 4/82 (VRA 15, 4)

Home PA 1407 Old Eastern Ave

250. DATE REC'D. BY REGISTRAR 251 REGISTAR 6 6 IGNA TENDER

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219 US 1876 Charles A. Cornevo, usband

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

						STATI	E OF MARYLAND				
	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH		EG. NO.	5	2 3 (
ī	DECE (TYPE O		FIRST		IDDLE		AST	20. DATE OF DE		DAY YEAR	26. HOUR 50
- 1-	3. SEX	Mr.		Kall ACE	oh Craf	5. DATE C	OF BIRTH	6. AGE (III SARS	e 13-1984	IF UNDER 1 YE	
	Mai	le		duosia	in.	MONTH	uary 1 1921	ങ്	YRS.	MONTHS DAY	S HOURS MIN
3	7a BIR	HPLACE (STATE OR FOUNTRY)	DREIGN 76. C		VHAT COUNTRY	A 4	D X NEVER MARRIED	9. BALTIMORE	CITY OR COUNTY	Y OF DEATH	^
	IO CITY	OR TOWN OF DEA	rH 11.	NAME OF H	FACILITY, GIVE STRE	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING LI	FE) INDUSTR	OF BUSINESS C
4	USUAL	RESIDENCE (IF NURSI	NG HOME OR OTHE	RINSTITUTION, C	TE County	DRE ADMISSION)		Self-Imp			ing/Air C
1	13a. ST Ma 1	vland	Baltino		Owings		13d. INSIDE CITY LIMITS? YES NO X		olfield Ro		21117
26	14. FAT	HER'S NAME FIRST	MIDD		LAST	FILLIS	15. MOTHER'S MAIDEN NA FIRST Blanche Robi	ME , M	IDDLE		IAST
1	16a W	AS DECEASED EVER			166 SOCIAL SEC	CURITY NO.	17. INFORMANTINELITE		ADDRESS		21117
	No	5, NO OR UNKNOWN)	(# YES, GIVE WA	R OR DATES)	229-01-	-2091	10012 Dolfie		Owings J	Mills	Maryland
2	NO.	PART 2. OTHER SIGN			NTRIBUTING TO	-	NOT RELATED TO THE TERM	20a AUTOPS	Y? 20b. IF YE	S, WERE FIN	
3		710. ACCIDENT WAS UND		21b. TIME OF HOUR A.A			121, HOW IN HURY OCCUP		1	r ₂ []	ES OF DEATH?
_/						DAY YEAR	TRETTOW INSORT OCCOR	RED (ENTER NATURE	OF INJURY IN ITEM 18.	PART I OR PART 2	NO X
4	MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER) ED	P.A 21e. PLACE C	۸.	19	211 LOCATION STREET		OF INJURY IN ITEM 18	PART OR PART 2	NO 🔀
~		WHILE NOT WHAT WORK NOT WORK NOT WHAT WORK NOT	ED LE (this hospital)	P.A. 21e. PLACE C (AT HOME, STRE	A. DE INJURY EET, FACTORY, OFFICE deceased from	E, FARM, ETC)	211 LOCATION	, to	ity OR TOWN	COUNTY	STATE
≺		WHILE DOTWHAT WORK NOT WHAT WORK NOT WORK NOT WHAT WHAT WORK NOT WHAT WO	ED LE (this hospital)	P.A. 21e. PLACE C (AT HOME, STRE	A. DE INJURY EET, FACTORY, OFFICE deceased from	19 E. FARM, ETC)	211 LOCATION STREET 210 - 19 8 4 and that in (my) (our) opinion DEGREE ATTENDING	, to	TY OR TOWN 6 - 13 - n the date and ho	COUNTY 1984 ur and from t	STATE that (1) (we) lo he couses stated TE SIGNED
<i>≺</i>		while NOTWHATWORK NOTWHATWORK NOTWHATWORK NOTWHATWORK NOTWHATWORK NOTWHATWORK (I) sow the decease above. (I) (we) id	AL EXAMINER) ED LE	P.A. 21e. PLACE C (AT HOME, STRI ottended the	A. DE INJURY EET, FACTORY, OFFICE deceased from	19 E. FARM, ETC)	211 LOCATION STREET 210 - 30 - 19 8 4 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [death accurred o	TY OR TOWN 6 - 13 - n the date and ho	1984 Ur and from t	STATE _, that (1) (we) look he couses stated TE SIGNED // 3/8 h

DHMH - 16 50M 4/83

(VRA 15, 4)

BP.

retained by the haspital or attending physician.

Salting Conty Burklanan Bildinge Outly Green logical VEHEN IN COURT COOK there asserts Hos. Walter Cost. introduced the course this the third 0905-10-52Z

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	Max Max	y A. Cramblitt	CranibliH	20. DATE OF DEATH MONTH	26 84 034C
1 50 Wh	Mita Chu Fémale	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR OD 01 29	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR # UNDER 74
1 _	enna USA	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNT	YOFDEATH 1timore Count
50	laidally form	(IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS HOSPITAL	128. USUAL OCCURATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINES
USE Ida.	UAL RESIDENCE IN NUBBEC HOME OF	SIVE RESIDENCE BEFO 13cgCJTY OR TOV	WN _ , 113d, INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COD	ERD/21133
//	ate William Star	MDDU (AST	15. MOTHER'S MAIDEN NA FIRST 1ate SA11	ie Goodman	LAST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC 182-22	2010 104 1	pst 1525 A Drive	21104 r Rd Marrioti
Г	PART I. DEATH WAS CAUSE	ily ane cause per line far (a), (b), a D BY: TE CAUSE (a) RESPIN	I la		APPROXIMATE INTERV BETWEEN ONSET AND D
1		DUE TO, OR AS A GONSEOL		Jagamelo ao	
2	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECU	Gastrantes mal	Haemer hage	IVEN IN PART 11a
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MEDICAL	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DELEGATION (SETHER, NOTEY MEDICAL EXAMINET AL WORK NOTEY MEDICAL EXAMINET AL WORK NOTEY MEDICAL EXAMINET AL WORK OF THE ALL WORK OF THE	DUE TO, OR AS A CONSECU- (c) CONDITIONS CONTRIBUTING TO FOR WHICH THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, IT) view the bady after death. OR PRINT) OR PRINT)	JENCE OF LOCATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCCUP STREET And that in (my) (our) opinion DEGREE ATTENDING	PATICULULA CA 200 AUTOPSY? 100 IF YI YES NO	EES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO

STATE OF MARYLAND

TEX ... Mary A. Crasblitt Mitte Fernie Wilte Talei ore Councy Dath C Maiti ore County Cen't Mospital late SAllic Loodean iste .i. item Starr 21104 N's Sarah Bopst 1525 A Driver ad Arriortsv'll

noward Coegty

June b'la breetlawn

Earry H Witzke Will Columbiand Ellicott City

islan.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the furshold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the medical

STATE OF MARYLAND	
PEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖏	
CERTIFICATE OF DEATH	

4	1	3	Com.	63	6
REG. NO),				

1-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. NO	j 5	6.40	3 Z	
	EASED NAME	FIRST	,	MIDDLE	l	A5T	26. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	400
(ITPE	OR PRINT)	Linco	ln He	nry	Criss	sev	6/13	3/84		M	
1. SEX	(4. RACE		5. DATE C	OF 8IRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS	
1	male		white		2/	12/19 YEAR	65	YRS.	15 DAYS	HOURS MIN.	
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	EATH		
_	ennsylva	nia	U.S.A		WIDOWE	_	Baltimo	ore Coun		MD.	
	TY OR TOWN OF DI	EATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET Fenway	ADDRESS)	Th	(TYPE OF WORK FOR MOST OF FORKLIFT	1 11 OUKHAO CHE! II	*DODIKI	BULLICHO S.M.C.	
USU/ 13a S	AL RESIDENCE (IF NU	RSING HOME OF		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	MD		timore	Essex		YES NOXXX		way Sou	th Ba	1 to MD	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	2122	1
W:	illiam		E.	Criss	ey	Edith	MIDDLE		Smit	-h	
	VAS DECEASED EVE			166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS			
Ye	ES, NO OR UNKNOWN)	WV	WAR OR DATES)	184-18-	3471	Margaret C	. Crissey	San	ne as	s 13e	
CERTIFICATION	Conditions, if on gove rise to it couse (a), sto underlying cou	nmediate ting the se lost. GNIFICANT	DUE TO, O	pulmonery	ENCE OF DEATH BUT ONLY	NOT RELATED TO THE TERM		20b. IF YES. WE	RE FINDIN	IGS USED	The second second second
IFIC			10				YES NO	IN CERTIFYING	CAUSES	OF DEATH?	
MEDICAL CERT	OR CONTRIBUTING [(IF EITHER, NOTIFY ME 21d, INJURY OCCU	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		19	211. LOCATION				STATE		
	22s. I certify that	(I) (this hosp	ital) attended th	e deceosed from_	4/26	/84 19	5/30/8	19	, 1	that (I) (we) last	
	sow the dece	osed olive or	5/30/8	ofter death		nd that in (my) (our) opinion	death occurred on the de	ote and hour and	from the c	ouses stated	
П	276 SIGNATURE	011		7		DEGREE		1	22c. DATE S		
	Chi-	Shif	CH		M.	D. ATTENDING PHYSICIAN	MEDICAL STA	IAN	6/14	/84	
	274 PHYSICIAN'S					220 ADDRESS				003	
	Chi-S	Shiang	Chen, N	1.D. P.A.		100 N. Broa	dway Balt	imore, M	ID 21	1231	
	BURIAL, CREMATIO	V, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	236. LOCATION	200	VINTY	STATE	
Βι	irial		6/18/		arri	son Forest	Owings	Mills	Ma	aryland	
24. FU	JNERAL DIRECTOR	Duda-				25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATI	JRE 3	

BP. DHMH - 16 50M 4/82

etained by the hospital or attending physician.

7922 Wise Avenue (VRA 15, 4)

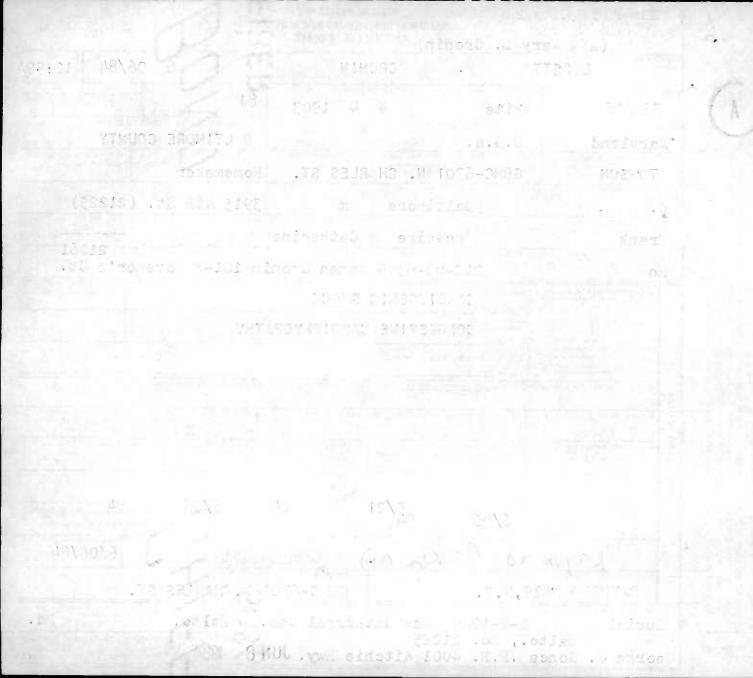
21222 JUN Dundalk, MD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowing after retained by the hospital or attending physician.

	ECEASED NAME PE OR PRINT) FIRST LORE	TTA M.		ONIN	2a DATE OF DEATH	6 06/84 1	2
3. S	FEMALE	4. RACE White	S. DATE (DF BIRTH 4 DAY 1903	6 AGE (IN YEARS LAST BIRTE	MONTHS DAYS HOU	
free	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOW	DEVER MARRIED DIVORCED	BALTIMORE CITY OF	E COUNTY	
10.0	TOWSON	11. NAME OF HOSPITAL, NUR HENDT IN SUCH FACILITY, GIVE STR GBMC-6701			17th USUAL OCCUPATION OF HOMEMAKER	WORKING LIFE) INDUSTRY	SIN
	JAL RESIDENCE (IF NURS HOLD STATE d •	UNITY Balti		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌		St. (21225)	
W 24 11	Frank	MeGu	ire	Catherine	MIDDLE	LAST	_
2 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		4-3012	James Cron		ovenor's Ct	
	gove rise to immediate cause (a), stating the	DUE TO OR AS A CONSE	OUENCE OF				Y,
FICATION	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	TO DEATH BU		20a AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	DEA
AL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION FOR	TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? YES NO X	206. IF YES, WERE FINDINGS I IN CERTIFYING CAUSES OF D YES \(\text{NO.}\)	DEA
MEDICAL CERTIFICATION	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION FOR	TO DEATH BUICH OPERATION DAY YEAR 19	216. HOW INJURY OCCUP	200 AUTOPSY? YES NO X RED (ENTERNATURE OF INJUR CITY OR TOV	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES \(\text{NOT} \) NO Y IN ITEM 18 PART 1 OR PART 2}	USEA DEA
2	Cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 22a. I certify that (1) (this has sow the deceased alive	IT CONDITIONS CONTRIBUTING TO THE PLAN TO	DAY YEAR 19 ICE, FARM, ETC.)	216. HOW INJURY OCCUP 216. LOCATION STREET , 19 84 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUR CITY OR TOV	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DE YES NOT IN THE MEDIT OF PART 2) VN COUNTY TO COUNTY The and hour and from the couse 12c. DATE SIGN F. 6/06/8	(I) es s

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



FOR STAT	
DECEASE	
MA. Te. BIRTHPLA COUNTRY Balto O. CITY OR	r
0. CITY OR Balto USUAL RES 130. STATE MD	
4 EATHER"	¢

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	Fall	\$	7	bicso	0	
	REG. N	10.			10	
ATE	OF DEATH	MONTH	DAY	YEAR	2b	HOL

REGISTRAR		CENTILICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) GEO	RGE F	(ROSSINFII	60 5	26 84 12 30
3. SEX	I4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST RIRTHDAY)	IF UNDER I YEAR IF UNDER 14 HRS
MAI		MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
MALE	White	03 10 01	83 _{YRS.}	
76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED DEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Balto., MD	USA	WIDOWED DIVORCED	Baltimore Cou	nty MD.
10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
Balto., MD	Manor Care-	ROSSVILLE	Railway Clerk	BORR
USUAL RESIDENCE (IF NURSING HOME O				
13e, STATE 13h, COL	INTY 134 CITY OF TO	DWN 1136. INSIDE CITY LIMITS?	4111 Forest V	i orr Arro
	to. V Balto.			
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME Balto., MD	ZIZUO
160 WAS DECEASED EVER IN U.S. A		CURITY NO. 17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, C	705-0	7-8244 Richard W	. Smith, 2126	Fountain Dr.
		Timonium.	0	
PART I. DEATH WAS CAUS	only ane cause per line (or tal, fo),	and I ame Dian	ton distro	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ATE CAUSE (a)	el respira	gorg aus)	4
	DUE TO, OR AS A CONSEC	NIENCE OF 4	metrome.	
Conditions, if ony, which	1 AAAA	Otralo proli	manias.	
gove rise to immediate	(6)	and the second	7.47.00	
couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF		
	(c)			
	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tra
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
3 190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Ě			YES NO YE	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
OR CONTRIBUTION TO CAUSE OF D	CAIR			
IN EITHER NOTIFY MEDICAL EXAMIN		19 10CATION		
21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			11 1.	
220.1 certify that Un(this has	pital) attended the deceased from		2,10 6/26/	1984 , that we lost
saw the deceased alive a	in 6/26/19	ond that in (my) (our) apinia	n death occurred on the date and have	or and from the couses stated
27b. SIGNATURE	view the body after death.	DEGREE		221. DATE SIGNED
W SIGNATURE W	myfer	4 . /	MEDICAL STAFF	6/20/01
	777		MEDICAL STAFF DIRECTOR PHYSICIAN	10/20/04
22d PHYSICIAN'S NAME (TYPE	OR PRINT)	220 ADDRESS	1 - 11 - 11 -	ned 2 mas
DR. T	20	Manor C	are Rossville	- May 2103
230. BURIAL, CREMATION, REMOVA	AL 123b. DATE 23	IL NAME OF CEMETERY OR CREMATORY	23d LOCATION	
Burial		ardens of Faith	CITY OR TOWN	1to. MD
				I Lada Pill

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician

> JOHN C. MILLEZ, NO. 6415 BELDIZ RD. 21205

JUN 2 9 1984 Like Davidson-Rome

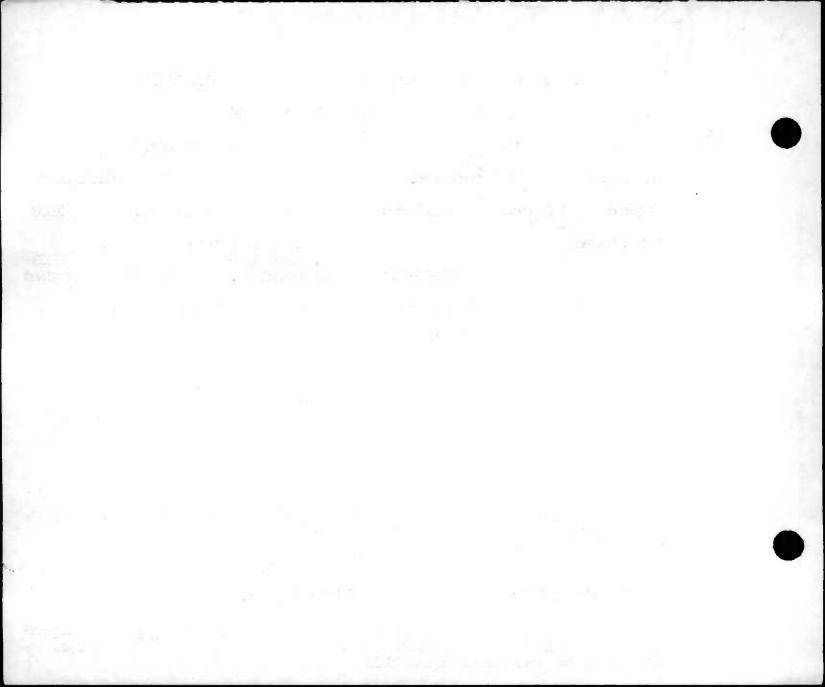
of the control of the The Land of the second stands on the land of the second TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

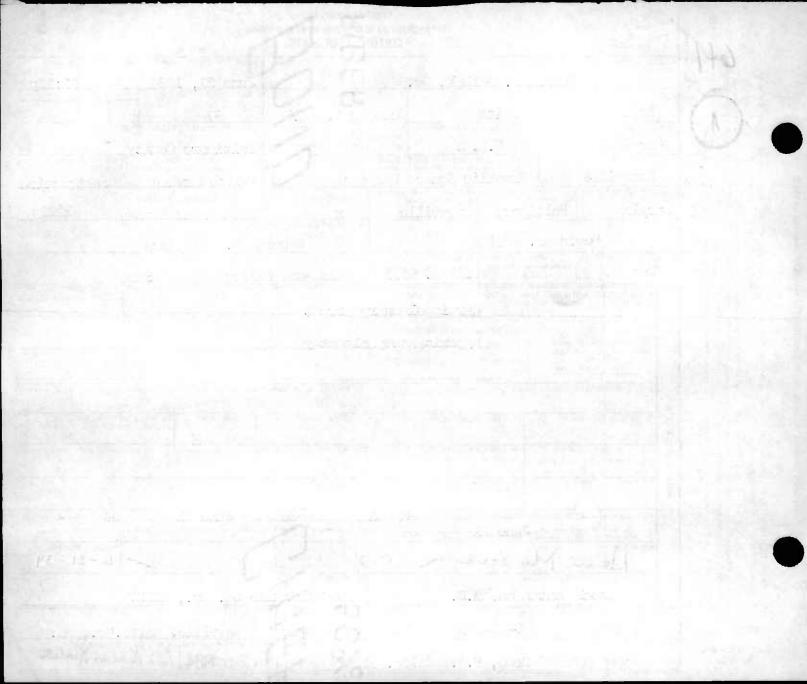
Ι'.	- STATE REGISTRAR		DEPARTME	CERTIFIC	CATE OF DEATH	REG	NO			
1. DE	CEASED NAME FIRST	A	AIDDLE	LAS	ST	20. DATE OF DEATH		YEAR 2b. HC	DUR	
(TYPE	Mr. T	oseph F	rancis C	urra	n	Jim	≥ 18 1984			
3. SE		4. RACE	seph Francis Curra			6 AGE (IN YEARS LAST		IF UNDER 1 YEAR IF UNDER 24 H		
-	Male	Caucas	sian	September 27 1909		74	YRS.	MONTHS DAYS HOURS MI		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING (# NOT IN SUCHFACILITY, GIVE STREET AD 9205 Tumbull Rd.		MARRIED DEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION		9 BALTIMORE CITY Baltimor	DEATH	EATH		
	Randallstown					12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Engineer	126 KIND OF BUSINESS CINDUSTRY State of MD			
13a S	JAL RESIDENCE (IF NURSING HOME STATE 136 CO Maryland Ba		GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Randalls		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRES	S / ZIP CODE	2	2113	
14. FATHER'S NAME FIRST LEO F. Qurran And I 15. MOTHER'S MAIDEN NAME FIRST Arna F. (Gischel) Qurran								IAST		
	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECURIT	TY NO.	17 INFOMES Arles	Ourran ADE	DRESS	2	2113	
	NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	212-16-6		9205 Turrbu	ll Rd.	Randallst			
	Conditions if any which	DUE TO, OF	RAS A CONSEQUENT	CEOF	Holoma			15 4	4	
Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OF		CE OF	OT RELATED TO THE TERM		ONDITION GIVEN	N PART IIO	4,	
ATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR (c) T CONDITIONS CO	r as a consequent	CE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	4		L,	
IFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN A A T	DUE TO, OR (c) T CONDITIONS CO	RAS A CONSEQUENCE DITRIBUTING TO DEA A KRATIC	CE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS US G CAUSES OF DE	ATH?	
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN A A T	DUE TO, OR (c) T CONDITIONS CO 196 CONDI 196 CONDI HOUR A.	R AS A CONSEQUENCE ONTRIBUTING TO DEP A REPORT C TION FOR WHICH OF FINJURY M. MONTH DAY	CE OF ATH BUT N PERATION	NOT RELATED TO THE TERM	DISELL 200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDINGS US G CAUSES OF DEA NO	ATH?	
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	gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 198 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FETTHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE ALWORK NOTIFY MEDICAL EXAMINATION OF COURSE OF COU	DUE TO, OR (c) T CONDITIONS CO FINE CONDITIONS TO SEATH WER) ZILE PLACE (AT HOME, STRI	R AS A CONSEQUENCE THE PROPERTY OF THE PROPER	PERATION YEAR 19 M. EIC.)	WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 1 that in (my) John opinion EGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF IT	20b. IF YES, WIN CERTIFYIN YES JURY IN ITEM 18 PART I	ERE FINDINGS US G CAUSES OF DEA NO OR PART 2) COUNTY	STATE	
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WEDICAL MEDICAL	gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMI) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 27d. I certify that (I) (this had soon the deceased give obove (I) (we) (gird) (did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	DUE TO, OR (c) T CONDITIONS CO 196 CONDI 196 CONDI 196 CONDI 216. TIME OF HOUR A.A. 21e PLACE ((AT HOME STRI DOT 101 view the body of the bod	R AS A CONSEQUENCE CONTRIBUTING TO DEA A RAPORIC TION FOR WHICH OF FINJURY M. MONTH DAY M. DF INJURY EET. FACTORY, OFFICE, FARA E deceosed from 2 5 Ofter deoth.	YEAR 19 M. EIC) ME OF CE	21c. HOW INJURY OCCURE 21l. LOCATION STREET 19 1 that in (my) (own) opinion of the physician (particular) 22e. ADDRESS	200 AUTOPSY? YES NO ERED (ENTER NATURE OF IT CITY OR MEDICAL SI DIRECTOR PHYS	20b. IF YES, WIN CERTIFYIN YES NJURY IN ITEM 18 PART I	COUNTY COUNTY	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. N	10.	13	2	3	5
		CEASED NAME OR PRINT)	FIRST	A	AIDDLE	i	AST	2a. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
3				ld F. DAILEY, Sr.				June		1984			11:	12p M
	3. SE)			4 RACE S. DATE C				6. AGE (IN	YEARS LAST BI	RIHDAY)	MONTHS	ER I YEAR	IF UNDE	R 24 HRS
)		Male					per 4, 1926	er 4, 1926 57						
5		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		U.S.A. WIDOWE			Baltimore County of Death Baltimore County						MD	
9		Rossville		11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hosp				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST				DUSTRY		tion
5	Ma Ma	ryland	13b. COUNT	imore	Parkvil	NN	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	8804	ADDRESS Baxes				21:	234
36		THER'S NAME PIRST Dav	Pirst	-	Mase	more		(AS	ī					
1		YAS DECEASED EVER I	I U.S. ARA				Lois Anne D) a i 1 a	ADDR	7	ame			
2	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which ediote host.	DUE TO, OI DUE TO, OI DUE TO, OI (c) ONDITIONS CC	Cardiopu R AS A CONSEGU HYPOXIA R AS A CONSEGU DITRIBUTING TO	Imonar JENCE OF Encept JENCE OF DEATH BUT	nalopathy NOT RELATED TO THE TERM N WAS PERFORMED	200 AU		20b. IF Y	IVEN IN	PART 1:	o ·	ED ATH?
1	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTHY MEDIC 21d. INJURY OCCURR	AUSE OF DEAT	P.J 21e. PLACE (M. MONTH D M. OF INJURY	19	21c HOW INJURY OCCUR	RED (ENTER	NATURE OF INJ			R PART 2)		STATE
/	M	white NOT white AT WORK 220.1 certify that (4) saw the decease above, (4) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospited alive an aid) (did not	ol) offended the June 2:		May 21 84	, 1984 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICA	une 2	1 date and ho	., 19_8 our and	4	Couses s	(we) last stated
		Henri Montandon, M.D. 9000 Franklin Sq. Dr., 21237												
	-	Burial, cremation, i Specify Burial UNERAL DIRECTOR Burgee Fu		6-25-1	1984 I	Pine Gr	cove Cemetery	23d LOC	CATION ITY OR TOWN VVIILE	Ba	Ito. STRAR'S	-	Md	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

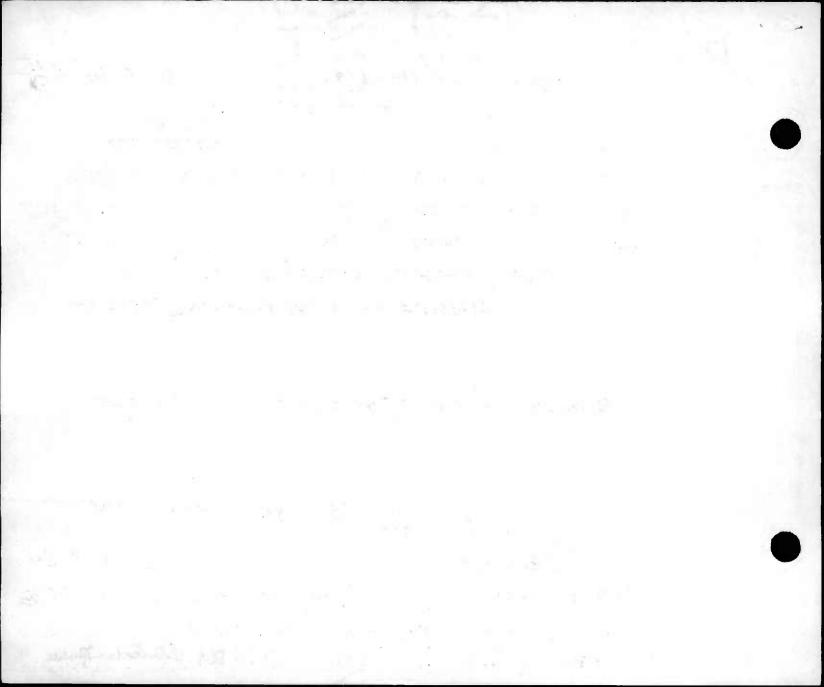
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DEC NO					

' -	REGISTRAR		CER		REG. NO).	
	CEASED NAME FIRST	3en	DA	RDICIC	20. DATE OF DEATH N	G - B - F	26. HOUR 15
J SE		4 RACE WHITE	MO	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DA	EAR IF UNDER
13	IRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WH	AT COUNTRY? 8. MAR	RIEDXX NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	- MI
19,61	ANDALLSTOWN	11. NAME OF HOS	SPITAL, NURSING HON	NERAL HOSPITAL	126 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF MERCHANT	WORKING LIFE) INDUST	ID OF BUSINESS OF
13a. S M		INTY 13c	ERESIDENCE BEFORE ADMISSE COTY OR TOWN PIKESVILLE	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / 9 POMONA NO	ZIP CODE ORTH, APT.	12 #212
)	ATHER'S NAME BENJAMIN	WIDDIE	DARDICK	SARAH	MIDDLE		DICK
		IVE WAR OR DATES)	61-12-8652	1401	RTH, APT. 12	#21208	PROXIMATE INTERVAL EEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate	(b)		F			
CATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS	otic e			206 IF YES, WERE FIN	NDINGS USED
AL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTINUE OF INHOUR A.M.	IRIBUTING TO DEATH DO TO COMMICH OPERA JURY MONTH DAY YE	BUT NOT RELATED TO THE TERM POOUS COLOR TION WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR A: (c) CONDITIONS CONI 19b CONDITIO 19b CONDITIO 19b CONDITIO 19b CONDITIO 19b CONDITIO 21b TIME OF IN HOUR A.M. P.M. 21e PLACE OF	IRIBUTING TO DEATH TO THE CONTROL OF T	BUT NOT RELATED TO THE TERM POPOLOGIS TION WAS PERFORMED 21c HOW INJURY OCCUR AR 21l LOCATION	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES YEN TIEM 18 PART I OR PART	NDINGS USED USES OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED	DUE TO, OR A: (c) CONDITIONS CONI 19b. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF [AT HOME, STREET, Dital) ottended the din	IRIBUTING TO DEATH OF A CONTROL OF THE CONTROL OF	BUT NOT RELATED TO THE TERM TION WAS PERFORMED 21c HOW INJURY OCCUR AR 19 21l LOCATION STREET 2nd that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW Heath occurred on the dat	20b IF YES, WERE FIN IN CERTIFYING CAU YES VIN COUNTY COUNTY 19 10 11 1226. D	NDINGS USED ISES OF DEATH? NO [] STATE the couses stoted ATE SIGNED
MEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE	DUE TO, OR AS (c) CONDITIONS CONT 19b CONDITIO 19b CONDITIO 19b CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AI HOME. STREET. DITO!) oftended the d OR PRINT!	INJURY MONTH DAY YE FACTORY, OFFICE, FARM, ETC eceosed from 19 br deoth.	BUT NOT RELATED TO THE TERM POOL OF THE TERM TION WAS PERFORMED 21c HOW INJURY OCCUR AR 19 21l LOCATION STREET Jund that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW Heath occurred on the dat	20b. IF YES, WERE FININ CERTIFYING CAU YES TO THE MIS PART LOR PART YES TO THE MIST PART LOR PAR	NDINGS USED ISES OF DEATH? NO [] STATE The couses stoted ATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and constant be detached for use as the burial-transit permit. Then please remove corban papers. Pages is with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.



executed within 24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

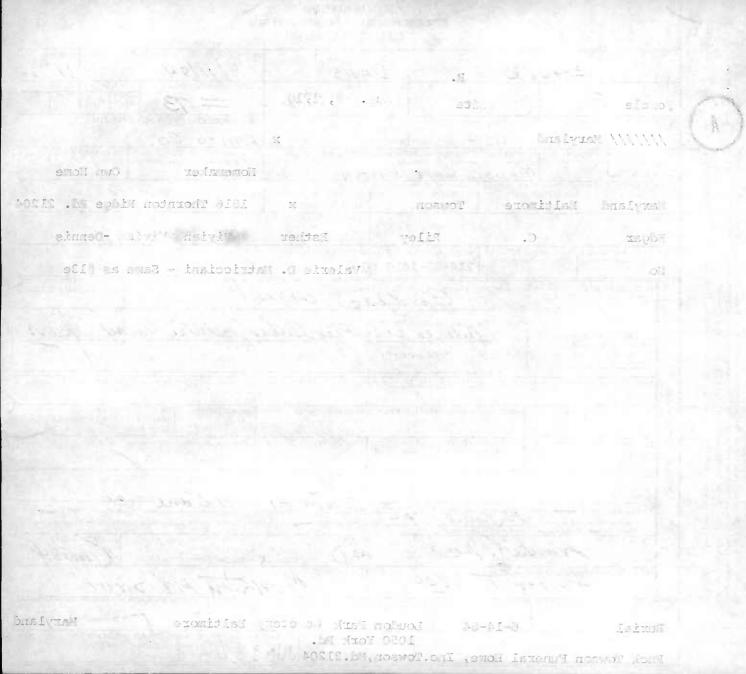
3 5

		REGISTRAR				CERTIF	CATE OF DEATH	REG. N	Ю.		
		EASED NAME	FIRST		MIDDLE	l e	AST	20 DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
	[TYPE	OR PRINT)	ESTHE	- 10	D	D	AVIS	6/11/8	4		11 20 AM
63	3. SE)			RACE	R.	5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		male			nite	Ang	0 4040	7	73 YRS.	MONTHS DAYS	HOURS MIN.
М	7a. B1	RTHPLACE (STATE	OR FOREIGN 76	CITIZENOF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
3	5		aryland	45	A	WIDOWE	DIVORCED	BALTO	Co.		MD.
10		TY OR TOWN OF	DEATH		CH FACILITY, GIVE STREET	ADDRESS)	TO N	12d USUAL OCCUPAT (1YPE OF WORK FOR MOST Homemaker			
?	13a S	AL RESIDENCE (#1	NURSING HOME OR O 13b COUNT Baltin	Υ	GIVE RESIDENCE BEFOR	E ADMISSION)	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS			Rd. 2120
		THER'S NAME	Dar Cin		1 200001		15. MOTHER'S MAIDEN NA	ME			
20	TO	FIRST		DDUE	Ril	017	Esther	MIDDLE	Wissi	an -De	nnie
_	_	dgar VAS DECEASED E			166 SOCIAL SECI	-	17. INFORMANT	ADDE		an De	IIIIZS
/	1,	ES, NO OR UNKNOWN		WAR OR DATES)			Valerie D. M	atricciani	- Sam	e as #	13e
8			FATH (Care calls		r line for (o) (b), ai			-		APPROX	CIMATE INTERVAL ONSET AND DEATH
		PART I. DE AT	H WAS CAUSED	BY:		edu	in cerre	N		- SCHWICK	ONSET AND DEATH
	16	1100	IMMEDIATE	CAUSE (0)	-a	uu	ic -	1		1	1
		429	2	DUE TO, O	R AS A CONSEQU	ENCE OF	2. X 6.1	1//	u lla		1/h. 1
		Conditions, if		((b)_	alerto	MI	urrec an	cy roscina	u ma	un	greers
		gove rise to		DUETO	R AS A CONSEQU	IENCE OF				//	/
			ouse lost.	100210,0	K AS A CONSEQU	EI4CE OI					
		PART 2 OTHER	S'CNIEICANT CC	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	ADITION GIV	EN IN PART I	In:
	Z										
	CERTIFICATION	19a DATE OF OPE	FRATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FIND	NGS USED
7	FIC.	THE DATE OF OIL	CK/ TIOT	170 00110	THOUSE ON THE			-171		YING CAUSES	
	Z.							YES NO		s 🗌	NO 🗌
	ü	210. ACCIDENT WAS	CAUSE OF DEATH	216. TIME C		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN TEM TO P	ART I OR PART 2)	
9	A		MEDICAL EXAMINER)		.M.	19					
1	MEDICAL	21d. INJURY OCC			OF INJURY		211 LOCATION	CITY OR I	014/61	COUNTY	STATE
	×	WHILE NO	T WORK	(AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITORI	OWN	COOM	31472
				b o 1 1 d	- 1.	2/	actober 81	1150	me	84	About the formal book
Н					deceased from,	84	(a) a dia (aux) (aux) a surina	, 10	dada and bas	17	that (I) lost
		obove, (I) (w	eosed olive on_ e) (did) (did not)			1,0	nd that in (my) (our) prinion	death occurred on the	dote and nou		
		226. SIGNATURE	1-1	1-	1/20 s		DEGREE			22c. DAU	SIGNED
			war	(u)	per la		M () ATTENDING PHYSICIAN E	MEDICAL ST.		11/1	we84
_		22d. PHYSICIAN'	S NAME (TYPE OR	PRINT)			22e ADDRESS	A DINECTON ED THIS			
1		28/11/2	walt.	er T	. Isees		Mos	Malon 1	10 >	2/11/	We file
-		BURIAL, CREMATK	ON, REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	234. LOCATION		COUNTY	STATE
		Burial		6-14-	-84 I	oudon	Park Cemeter	y Baltimor	e		Marylan
		JNERAL DIRECTO	R			1050	York Rd. 25a DAT	E REC'D. BY REGISTRA	R 156 REGIST		
3		NAME	The same of	ma 7 170*	ADDRESS	hween	MA 21204 111N	1 3 1084	June in	18-narrain	
		KUCK TOWS	on rune	ral Hoi	ne, Inc. 1	OWSOIL	,Md.21204 JUN	10 000	4		

DHMH - 16 50M 4/83 (VRA 15, 4)

etoined by the hospital or attending physicion. TO HOSPITAL OR ATTENDING PHYSICIAN:

BP



MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traymatic event, the medical examiner must be notified at anee.

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
STATE REGISTRAR	CERTIFICATE OF

LAND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.		- V
B. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
June 2, 1984		26. HOUR 10:32A

5

23

4

20		KEO IOTKI III								REG. NO.		Control of the Control
		EASED NAME	FIRST		MIDDLE		AST	Marca Table	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	John	М	ichael	DA	VIS		June	2, 1984		10:32AM
	3. SEX	(- 4	I. RACE		5. DATE C			6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 HRS
	- 1	Male		Cauc		MONTH		1954	29		RS. MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	- D NEVER	MARRIED 🔀	9 BALTIMO	RE CITY OR COL	JNTY OF DEATH	
2		mD.		U.S.A		WIDOWE	D 0	NORCED		more Cou	inty,	MD.
7	I	ry or town of de Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET INKLIN SQU	ADDRESS)	OR OTHER IN:	NOITUTITS		OCCUPATION FOR MOST OF WORK	ING LIFE) INDUSTRY	Stores
5	13a. S	L RESIDENCE (IF NUR TATE Taryland	136 COUNT		GIVE RESIDENCE BEFOR		13d. INSIDE	CITY LIMITS?	130 STREET A	DDRESS / ZIP C		
3		THER'S NAME FIRST 7111iam	M	IDDLE	Davis			'S MAIDEN NA	ME	MIDDLE	Pici	st ering
-	16a W	AS DECEASED EVER	IN U.S. ARA	AED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORM	-		ADDRESS		21220
	(Y	ES, NO OR UNKNOWN)		WAR OR DATES)	217-50-				Seager	- 716 N	. Northro	
T	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH V Conditions, if any gave rise to im cause Io1, stati underlying cause PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN	, which mediate ng the e last.	DUE TO DO DE TO DE TO DE TO, OI (c)	TAMORASEQUE R AS A CONSEQUE DISTRIBUTING TO	ECCEMA ENCE OF	, Gast	rointes	TINAL DISEASE 700 AUTO YES (X)	OR CONDITION PSY? 206.1 IN C		NGS USED
1	MEDICAL C	OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	HOUR A P.: 21e. PLACE	M. MONTH D. M. OF INJURY	19	211. LOCAT	ION	KED (ENTERNAL			
	W	WHILE NOT W	HILE D	(AT HOME, STR	REET, FACTORY, OFFICE, I	FARM, ETC)	STRE	ET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (f saw theydeceas abave, (A(we) (22b. SIGNATURE				84, .,	9, and that in (m)	19 84 (aur) apinian	, 10		d havr and from the	SIGNED
		Ten	N/T.	13 cms	17		1	PHYSICIAN [DIRECTOR [PHYSICIAN	1 6	-2-84
		Lester			/		22e. ADDRE		in Squ	are Driv	re 21237	
		URIAL CREMATION		23h, DATE	Lan			CREMATORY	23d LOCA			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
Dabrouchi - 1005 Dundell Dy. 21224

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rickering		(2)	61730		mall [1]
list. Forthrop land	TO 3 2	for U. ar	87722072773		
					36

(VRA 15, 4)

STATE OF MARYLAND

\$50 TO 110 Let the second state of the second Deer Committee of the Contraction of the Contractio

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed with the State Dept. of Heolth and Mental Hygiene priar to burial, cremation, ar removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

Š	Service 1	1	2	Com	2
	REG. N	10.			
TE	OF DEATH	MONTH	DAY	YEAR	2b HO

					F			
		IRST N	NDDLE	LAST	20. DATE OF DE	ATH MONTH D	AY YEAR	2h HOUR
(I YPE	MAR	GARET	A. D.	ECARLO	JUN	VE 21	1984	11 1
3. SE)		4. RACE	,	5. DATE OF BIRTH	6 AGE (IN YEARS		IF UNDER I YEAR	IF UNDER 24
1	F	11		MONTH /2 DAY / YE	AR 60		ONTHS: DAYS	HOURS
	RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF V	VHAT COUNTRY?	8.	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
	M.D.	VS	A	MARRIED NEVER MARRIE	_ 0/	170.	OUNT	-5
10. CI	ITY OR TOWN OF DEATH			NG HOME OR OTHER INSTITUTION	N 120 USUAL OCC		12b. KIND OF	BUSINES
E	ESSEX	(IF NOT IN SUCI	FACILITY, GIVE STREET	ADDRESS)		MOST OF WORKING LIFE	INDUSTRY	
USUA	AL RESIDENCE (IF NURSING				4		2/1	01
130. 5	STATE 13b	BALTO.	13c. CITY OR TOW	YN 130. INSIDE CITY LIM		-0.0	9R510	101
14. F.A	ATHER'S NAME		~ / / / /	15. MOTHER'S MAID	EN NAME		,,,,	
	6 RED	MIDDLE	LAST	COTILE	DIALE	CARA	AFY LAST	
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	JRITY NO. 17. INFORMANT	1102	ADDRESS	-/	
()	YES, NO OR UNKNOWN)	FYES, GIVE WAR OR DATES)	21658	1995 THOMA	S DE CAL	210	A	BOL
						110	APPROXIA	MATE INTERVA
	18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	Mr. 77758	Anc RENAL	con con	CINDHA	BETWEENO	NSET AND DE
	IM	MEDIATE CAUSE (o)	1-16/1131	offic records	0000 017	Circles		_
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely list should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 than with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal. with the State Dept. of Health and Mental Pygiene prior to verse, with the State Dept. of Health and Mental Pygiene prior to other traumatic event, the medical state in MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical state in the me

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician

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- STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 1 5 2 4 3
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
Angela	1/1	DeMario	06 27 84 2:25 4
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) # UNDER 1 YEAR # UNDER 24 HR
Female	Caucasian	708" 08" 08°°	75 YRS.
M. BIRTHPLACE (STATE OR EOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County of DEATH Baltimore County
Catonsville	Meridian Nsg. C		178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIKE) Seamstress
JSUAL RESIDENCE (# NURSING HOME C 136 STATE Maryland	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY BALTIMON	e 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 407 S. Augusta Avenue
4 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	
-Anthony Antoni	.o DeMario	Ursula	DeSilverio
MAS DECEASED EVER IN U.S. A		0562A Mrs Cather	S. Augusta AveBalto., Nine M. Sales #21229
	(b) ASEVD DUE TO, OR AS A CONSEQUE (c)		INAL DISEASE OR CONDITION GIVEN IN PART 11:0
90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO YES NO
OR CONTRIBUTING CALISE OF D	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)
OR CONTRIBUTING CALISE OF D	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIEYHRE AT WORK 22a certify that (1) (this has	HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, E	AY YEAR 19 211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages, Land 2 th with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval. MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation 236. DATE

June

23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION CITY OF TOWN

Balto Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN, The low retained by the hospital or attending physician.

> 21 EUNERAL DIRECTOR Schwab

30.1984 Westview Cem. Balto.

JIJI RALTO. NATL. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

PIRE # 2/229 JUL 2 1984 Julia Maridan Par

to sell on the star and the sell-Tegsting function 1981 Heavy Les Com. executed within 24 hours after death. Page 4 may be

affending

or Nem 18 slapws only

FOR DEPARTMEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

- 4	1	yun		- 2	
day		3	da	log	6-
REG NO					

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME FIRST	BERT"	P.	à	ROSA	20. DATE OF DEATH	6 30	YEAR 84	26. HOUR 10 30
MALE	4. RACE .		S. DATE C		6 AGE (IN YEARS LAST BIR	YRS.		IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	16. CITIZEN OF V	VHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		DEATH ltimo	re M
TOWSON		OSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		126 KIND (INDUSTRY	OF BUSINESS OF
USUAL RESIDENCE (IF NURSING HOME O 13a, STATE 13b, COUL MARYLAND		131. SITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE	21 Hs 6	239 UA X
M) FATHER'S NAME FIRST Louis	MIDDLE	DeRosa		15. MOTHER'S MAIDEN NAM	ME MIDDLE	G	uadná	ST
	VE WAR OR DATES	16b. SOCIAL SECUR 220-14-20		Nina N. DeRo	ADDRE		Way	21239
gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQUEN		NOT RELATED TO THE TERM	IINAL DISEASE OR CON	DITION GIVEN	IN PART 1	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN		INGS USED S OF DEATH?
OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
EIF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	21e. PŁACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, FAR	RM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
22a L certify that (1) (this hasp saw the deceased alive or above, (1) (sye) (did) (did n	30	leve 195	£ . 01	nd that in (my) (our) opinion	deoth occurred on the d			, that (I) (we) los couses stated
226. SIGNATU	4		50	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	ESIGNED
22d PHYSICIAN'S NAME (TYPE	OR PRINT)			27e ADDRESS	ak Dd tave	M.	d 914	204
Dr. Mitra 23a. BURIAL, CREMATION, REMOVAI (SPECIFY)	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION CHYORLOWN		OUNTY.	204 STATE

BP____

ATTENDING PHYSICIAN, The

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: J should be detected to: use in the State Dept. of Heal MPORTANT. If Hem 21 is m

Burial Jul 3 1984
UNERAL DIRECTOR

Most Holy Redeemer

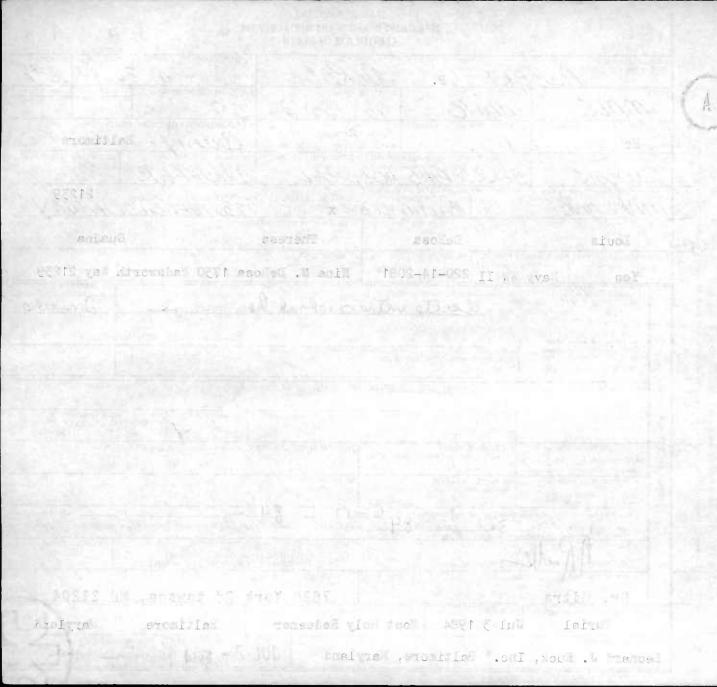
Baltimore

Maryland

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

101 2 984 Line Davidson-Randelle



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

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STATE OF MARYLAND

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REG. NO.						

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 5 SIGNAPURE

1984

JUN 7

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	15245
1. DECEASED NAME FIRST	MIDDLE	LAST		AONTH DAY YEAR 26 HOUR
MAR	GARET TULL	DEXTER		6 05 84 1032 N
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
Female	White	Dec. 26, 1894	89	YRS
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR Baltimo	re County
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
Cockeysville	Broadn		Homemake	r Own Home
13a. STATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 134. CITY OR TO TIMORE COCKES	WN 13d. INSIDE CITY LIMITS?	13801 YO	rk Road. 21030
S.	Ashton Tull	l Sarah	WIDDLE	? ****
16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		ADDRES	S
No	217 58	8327 Mrs. Robe	rt R. Pool	e, Annapolis, MI
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN RECURS	DUE TO, OR AS A CONSEON	UENCE OF LEANT AND DEATH BUT NOT RELATED TO THE TERM		
RECURSE 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \(\subseteq \text{NO} \sigma \text{NO} \si
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. IN JURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)
AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOW	N COUNTY STATE
sow the deceased alive	spital) attended the deceased from		death occurred on the date	e and hour and from the causes stated
Waller n	Heners	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	226 DATE SIGNED
Dr. Walter	R. Hepner, M.I	22. ADDRESS Broadmea	d, Cockeys	ville, MD
30. BURIAL, CREMATION, REMOVA	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY Druid Ridge	23d LOCATION PIKESVI	lle. COUNTY MD STATE
4 FUNERAL DIRECTOR Henr	y W. Jenkins &	& Sons Co. 25a. DA	TE REC'D. BY REGISTRAR 2	D. REGISTRAR'S SIGN TO IRE

21212

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and vershould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal

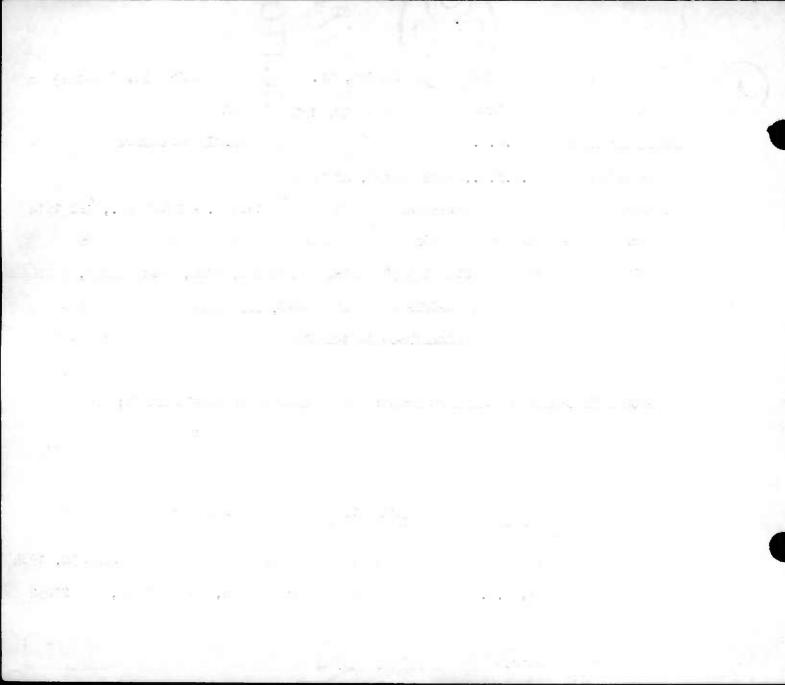
any injury, ar other traumatic event, the

74 FUNERAL DIRECTOR Henry W. Jenkins & York Road Balto., MD

peril-5 8 seer tr. Pobort L. Pools, improvide, THE SALE OF THE PARTY. The second town to second State of the second section of the section of the second section of the section of t The Colone of Decision States of the Colones of Low alliant E. open, J. J. Common . Street E. com with the state of AND YORK RORD FOR FURN 21212 - This A room - This A

1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DA	
(TYPE OR PRINT)	Zu HOOK
HAROLD CLAY DODSON, SR. JUNE 30,	, 198410:35 au
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF MONTH DAY YEAR	FUNDER TYEAR IF UNDER 24 HRS
MALE WHITE MAY 28, 1916 68 YRS	DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF	OF DEATH
NORTH CAROLINA U.S.A. WIDOWED DIVORCED BALTIMORE COUNT	TY MD.
FORT HOWARD 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) V.A.M.C., FORT HOWARD, MARYLAND	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GYBARESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STATE 137. STREET ADDRESS / ZIP CODE 137. STATE 138. COUNTY 138. COUNTY 139. CALVERT 130. STREET ADDRESS / ZIP CODE 110. N. CALVERT	ST., APT 1614
OMAR MIDDLETON DODSON 15. MOTHER'S MAIDEN NAME FRS1 BERTHA ELIZABETH	JONES
ADDRESS 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (VES. NO.OR UNKNOWN) (16 VES. GIVE WAR OR DATES) WW II 216 01 7472 CLINICAL RECORDS, VAMC, FORT I	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY PART I. DEATH WAS CAUSED BY TAILED MONTH A DECIME TO DETERMINE TO DETER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) PNEUMONIA RIGHT LOBE LUNG. ASPTRATION	5 HOURS
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CEREBROVASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF	4 YEARS
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N (N PART 1tg
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, V	WERE FINDINGS USED ING CAUSES OF DEATH?
E E E E E E E E E E E E E E E E E E E	RT LOR PART 2)
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
THE STREET STREE	COUNTY STATE
saw the deceased alive on JUNE 30 19 84, and that in (**y) (our) apinion death accurred on the date and hour of th	9 (we) last and from the causes stated
2 2 5 5 PEGREE	22t. DATE SIGNED
2 0 6 4 A ATTENDING MEDICAL STAFF	JUNE 30, 1984
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIREC	
	RD, MD 21052
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BP Removal 6/30/84	COUNTY STATE
AH - 16 50M 4/83 AH - 16 50M 4/83 ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	AR'S SIGNATURALE
(VRA 15, 4) Anatomy Board Balto, Md	1

STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

TAL	HYGIENE	1
TH		

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	REGISTRAR				CERTIF	ICATE OF L	PEATH		REG. NO.				
	ECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF D		TH DAY	YEAR	26 HOUR	
(1)	PE OR PRINT)	George		W.	Do:	lle		June	12,	1984			N
3. S	EX	4.	RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIRTHDAY	r) IF UN	HS DAYS	IF UNDER 24	4 HRS
	Male	1 - Weigh	Cauc	asian	Apri	1 24,	1919	6	5	YRS.	HS DATS	HOURS	MIN.
20.1	BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	AABBIED T	9. BALTIMORE	CITY OR CO	OUNTY OF	DEATH	11313	
	Maryla	and	U	SA	WIDOW		VORCED	Balt:	imore	Cour	aty		MD
10.0	Arbuti			HOSPITAL, NURSIN CHEACHITY, GIVE STREET Howland			227	120 USUAL OC LIYPE OF WORK FO Yard!		RKING LIFE) I	26. KIND O NDUSTRY B&O F	F BUSINES RR	SOR
13a.	JAL RESIDENCE IF STATE aryland	NURSING HOME OR OT 13b. COUNTY Balti	1	GIVE RESIDENCE BEFORE 136. CITY OR TOW Arbutu	N	134. INSIDE C	ITY LIMITS?	130. STREET AD 1011	DRESS Howl	and S	Sq. 2	2122	7
14. F	Charle	S ME	DDLE	Dolle			s maiden na first trgare		MIDDLE		LAST	T	
160.	WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES GIVE			166. SOCIAL SECU	RITY NO.	17. INFORMA	INT		ADDRESS				
				218-12-	8823	Mrs.	Patri	cia H.	Doll	e Sa	ame a	1S #	13
	18. CAUSE OF DI PART I. DEAT	IMMEDIATE	BY: CAUSE (o)	Respera	ton	Faile	ue	(Bree	, bo	ne	BETWEEN	MATE INTERV ONSET AND D	ÊÀTH_
ŀ	gove rise to couse (a), st	immediate	DUE TO, O	R AS A PONSEQUE	NCE OF	u Ca	inon	-	0	1	4	mo.	
NO.	PART 2. OTHER S	SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	OR CONDITIO	ON GIVEN II	N PART Iro	3,	
CERTIFICATION	OR CONTRIBUTION CAUSE OF DEATH HOUR A.M. MONTH		ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPS		E IF YES, WE CERTIFYING			1?		
			M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURI	RED (ENTER NATUR	RE OF INJURY IN I	ITEM 18 PART 1	OR PART 2)		1	
MEDICAL	21d. INJURY OCC	URRED		OF INJURY REET, FACTORY OFFICE F	ARM ETC }	21f. LOCATION STREET			CITY OR TOWN		COUNTY	STA	ATE
		t (I) (this hospital as al alive on e)(did)(did not	1. 1.11	ne deceased from	2/	nd that in my	(our) opinion	death occurred	on the date o	nd hour and	from the	that (1) we causes stat	e) ost
	226. SIGNATURE	1	. 7 0	00.	7.	DEGREE	N. 14-1	1 1	- 1		22c. DATE		15
	11/11	m C	11/25	11.11	Mo	M.D.	PHYSICIAN D	MEDICAL DIRECTOR	STAFF		6/1	3/84	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remave carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

etained by the haspital or attending physicia

O HOSPITAL

injury, or other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shows any

and campletely filled in by the funeral di Pages lengd 2 should be filed within 72 ha

DHMH - 16 50M 4/B2 (VRA 15, 4)

236. DATE 6/15/84 23a. BURIAL, CREMATION, REMOVAL Burial

224. PHYSICIAN'S NAME (TYPE OR PRINT)

William

23c. NAME OF CEMETERY OR CREMATORY

228. ADDRESS

900

S.

Pk. Mauso

Caton Ave. Balto., Md. 21229 73d LOCATION WOOdlawn

24 FUNERAL DIRECTOR Catonsville, Md MacNabb Funeral Home

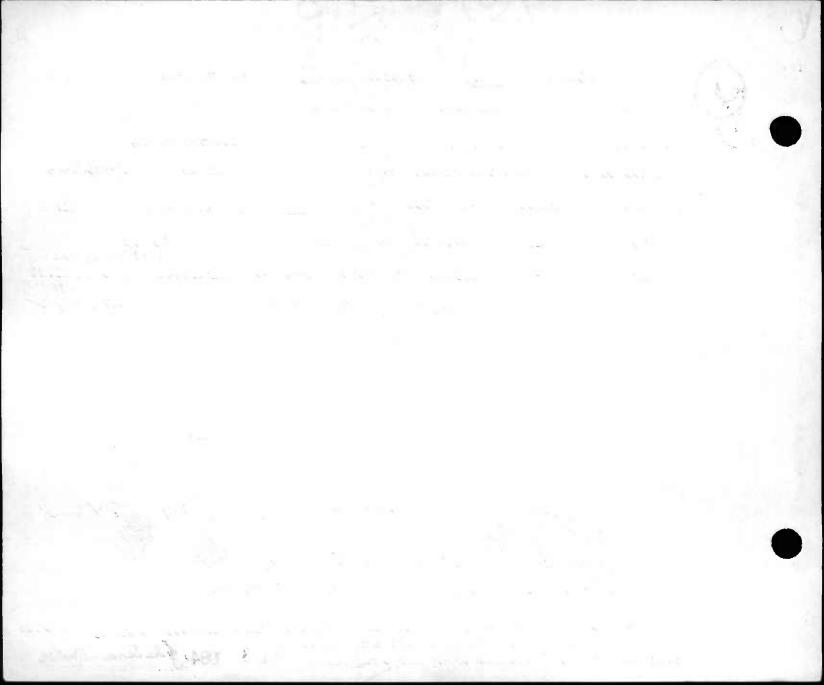
Waterfield, M.D.

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	NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	the round physician. The properties of the formal physician and completely filled in by the function of the page state by the function of the page 1 and 2 state by the function of the page 1.	
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	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4	15	2 4 8
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ENTH DAY YEAR	2b HOUR
2	۱I.	E OR PRINT) Alber	rt R . D	ontell, Jr.	June 29,198	34	4:35 pm
V A) 3. Si	x Male	Caucasian	5. DATE OF BIRTH SEPTEMBER 12, 19	6 AGE (IN YEARS LAST BIRTHD	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN
eoth. Pog		IRTHPLACE (STATE OR FOREIGN COUNTRY) Yland	75. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C Baltimore	COUNTY OF DEATH	MD.
oy the fur	10.0	ndallstown	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION BER "TENEER"	ORKING LIFE) 12b. KIND C	OF BUSINESS OR
filled in tooler	13a.	AL RESIDENCE (IF NURSING HOM) STATE TYland 136, CC Car	e or other institution give residence before DUNTY SYKESULL	E ADMISSION) 13d. INSIDE CITY LIMITS? YES: UPONED:	13e STREET ADDRESS / Z 5348 Wendy 1	IP CODE Road	21784
mpletely ond 2 sp	1	ATHER'S NAME FIRST Albert	R. Dontell	15. MOTHER'S MAIDEN NA	ME	Coyle 5348 Wendy	s T
on ond co		WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.		JRITY NO. 17 INFORMANT			
quires that the death certifications is great by the attending pthen please remove carbon or burial, cremotton, or remountie, or remotton, or certifications and present the companies of the content of	Z.	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCED THE GRANT	IINAL DISEASE OR CONDIT	/	
Cion. e hos been sit permit. T giene prior	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WERE FIND IN N CERTIFYING CAUSES YES []	NGS USED S OF DEATH?
g physici gertificote riol-tronsi entol Hygi		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IF	TIEM IB PART 1 OR PART 2)	
NG PHYS offendin frer this os the bu th and Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHITE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTENDI ie hospitol or DIRECTOR: A oched for use Dept. of Heol			on 19 seption of the decessed from 19 seption on 19 seption of the decessed from 19 seption of	ond that in (my) (per) opinion of DEGREE	/	and hour and from the	
TO HOSPITAL TO FUNERAL should be detent with the Stote IMPORTANT:	7	Joseph	C. Matcher	36 35 Old Co		4 🗆	
E	23a.	BURIAL, CREMATION, REMOV (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24	BUILDIE	ouly 4, 1984 Lo	ake View Memorial P	ark Sykesvil	le Carroll	Maryland
OHMH - 16 50M 4/83 (VRA 15, 4)	82	28 Tahontu Ro	ry byers runeral l ad Randallstown	Directors, INC. 250. DAT	1 3 1984 S	wie Davidson	Randess



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1	-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH		1 5	2 4 9
	DEC	EASED NAME FIRST	9	ZYMALA	REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		VICTOR		ZMALA	105	6 25	SY 3 PM ERIYEAR IF UNDER 24 HRS
3.	SEX	F	RACE	5. DATE OF BIRTH MONTH 4 DAY 1903	AGE IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
10 7a	BIR	THPLACE (STATE OR FOREIGN)7	CITIZEN OF WHAT COUNTRY?	LIANDING NICKED MADDIED	WSON BALTO		MD.
19	CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET AT ST- JOSEPH HO	DDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY
1011	SUA 10. ST	RESIDENCE (IF NURSING HOME OR O ATE DALL)	THER INSTITUTION, GIVE RESIDENCE BEFORE A	DMISSION	3. STREET ADDRESS /	ZIS CODE HIN	21205. NGTON ST.
	. FAI	HER'S NAME FIRST M	Smint	15 MOTHER'S MAIDEN NAMI	E MIDDLE		LAST
aedico 160		AS DECEASED EVER IN U.S. ARM S, NO GRANKNOWN) (IF YES, GIVE	NED FORCES? 16b SOCIAL SECUR	THOMAS WAL	LACE 18	15 BONZ	RD PARKSON.
rather troumatic event, 1		Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.		UARDIA IN	1º A 12 C II	OR	APPROVIMATE INTERVAL BETWEEN ONSEL AND DEATH PARTY
injury, or		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN	PART No
andui Apas Montage	IIIICA	90 DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
~/ /	_	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)
Negor Head		WHILE OT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FAR	211. LOCATION STREET	CITY OR TOV	vN CO	OUNTY STATE
tem 21 is mo		22a.1 certify that (I) (this hospital sow the decepsed alive above (I) we) (did) (1) 22b. SIGNATURE		ond that in (my) (ayr) apinion de	to to the do		rom the couses stoted
DRIANT:		22d. PHYSICIAN'S NAME TOPE OR	PRINT) CITARD D.	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		26 M 83
TROOM!	a Bi	BIAL, CREMATION, PEMOVAL		ME OF CEMETERY OR CHEMATORY LLANEY VALLEY	123d LOCATION	MORE	MO MO
33	0	YMONS L. KAC	CZOROWSTORES	525 / EET ST. 250. BATE	REC'D. BY REGISTRAR	Sh REGISTRAR'S	SIGNATURE

Tenteral, it was to despend the premarke to OHELEN SETTIMORE TENEND - ELECTION STONESHINGTON ST. Sanot Delibert ALL THOUSE WALLES AND LOND THE PHELL ELETHER DULINES YELLS PLANTING

campletely filled in the 1 and 2 should be fill

injury, ar ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbampapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked ar Item 18 shaws any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	CEASED NAME	FIRST	A	AIDDLE	U	AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 H20UZ5 P
,,,,,	mich	hael			Dub	ick	June	. 11	1984	1425 PM
3. SEX			4 RACE		5. DATE O	DAY YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	
	m, ALE		WHIT	Ε	ÖCT	. 21, 1911		72 _{YRS}		MOOKS MIN.
	RTHPLACE (STATE OR F	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE I	NEVER MARRIED	9 BALTIMOR	RE CITY OR COUN	TY OF DEATH	
7	ENGLAND		USA		WIDOWE		BAL	rimore co	UNTY	MD.
JA-CI	TY ORACNIDAGE DES	TOWN		OSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING		OF BUSINESS OR
	BAKTIMORE		BALTIM	ORE COUNT	ry gen	. HOSP.		MAN/COLLE		NSTALLMENT
13a. S	AL RESIDENCE (IF NURSI TATE MARYLAND	13b. COU	TO.	GIVE RESIDENCE BEFOR 13c. CITY OR TOW RANDALI	/N [13d INSIDE CITY LIMITS?		DDRESS / ZIP CO		1133
14. FA	THER'S NAME		MIDDLE	1451		15. MOTHER'S MAIDEN NA	ME	WIDDIE		157
	NATHAN		MIDDLE	DUBICK		YETTA		MIDDLE	UNKNOW	N
	VAS DECEASED EVER			166 SOCIAL SECL	JRITY NO.	17. INFORMANT MR	RS. LEO	NA POUBICK		
()	NO UNKNOWN)	(# YES, GIV	E WAR OR DATES)	212-09-	-0382	9941 SHOSHON	NE WAY	RANDALLS	TOWN, M	D 21133
L CERTIFICATION	PART 2 OTHER SIGN PART 2 OTHER SIGN 21a. ACCIDENT WAS UNDO OR CONTRIBUTING	which nediote g the last	D BY, TE CAUSE (0) DUE TO, OI LED CONDITIONS CC 19b. CONDI	R AS A CONSEQUENCE AS A	ENCE OF ENCE OF DEATH BUT	e /hyon ar	75 AUTO	20b. IF Y	GIVEN IN PART I	PINGS USED S OF DEATH?
MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RED	P. PLACE (19 FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a certify tho (1) sow the decease obove. (1) (we) do 22b. SIGNATURE 22d. PHYSICIAN'S NA	(t) is hosp ad alive on (id) did no	Spending She	ofter death.	h	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS F7 26 (1	MEDICAL DIRECTOR [STAFF PHYSICIAN [221. DAT	the couses stated TE SIGNED THE SIGNED
23a B	SURIAL, CREMATION, SPECIFY)BURIAL	REMOVAL	JUNE 1	3,1984 M.	NAME OF C	EMETERY OR CREMATORY CODESH-BETH IS	SRAEL CITY	TION BALTIMORE	COUNTY M	IARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital

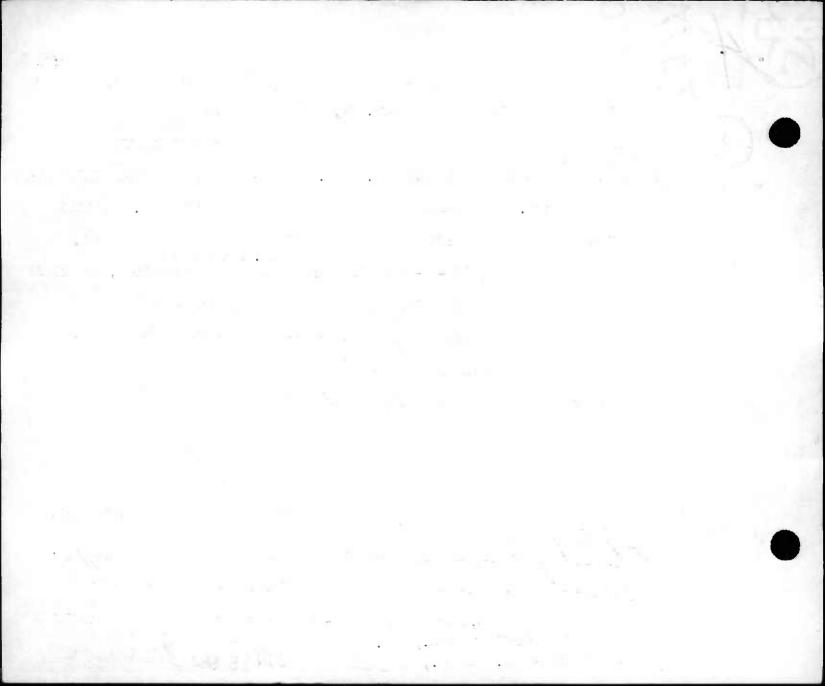
FOR

 24 funeral director SOL LEVINSUM 6010 REISTERSTOWN RD. & BROS., IN BALTO., MD 21215

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

JUN 15 1000 Junia Davidson-Randolle

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should by filed within 72 hours after departuin the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. WPORTANT: If them 21 is marked or them 18 strenging injury, or other traumatic event, the medical examined grass be partitled or white
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	2 5	F \ \ \ \ \ \

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
	1. DECEASED NAME (TYPE OR PRINT)	GUSSIE	MIODIE		ORKIN	JUNE 24,1			:25 PM
	3. SEX FEMALE	4 RACE WHI	TE	5. DATE C	5 25,1908 YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS YRS.		UNDER 24 HRS. DURS MIN.
1	70. BIRTHPLACE (STATE) NEW YORK	ORFOREIGN 76 CITIZEN	USA	8. MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR BALTIMORE		ATH	MD.
	IO CITY OR TOWN OF D KESVILLE	PEATH III, NAME OF THE S	DF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET VILLE NURS	IG HOME C ADDRESS H	OR OTHER INSTITUTION	12a USUAL OCCUPATIO LITYPE OF WORK FOR MOST OF EXECUTIVE	WORKING LIFE) 12b	KIND OF BU USTRY LOTHI	
1	USUAL RESIDENCE (# N 13m STATE NEW YORK	URS NO HOME ON OTHER INSTITUTE BRONX	134 CITY OR TOW BRONX		13d INSIDE CITY LIMITS?	555 DAPPACK	ZIP CODE BR	RONX	10463 N.Y.
1	JACOB	WIDDLE	сонЁй		is mother's maiden nam LEAH	MIDDLE		UNKN	OWN
7	(YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE:			GARLICK FUNE	RAL CHAPEL E	RONX, N.	VIONPO Y. (1	0462)
		ny, which mmediate ting the use lost. (c)	, or as a consequi	ENCE OF	Htheiwy) NOT RELATED TO THE TERM		DITION GIVEN IN I	PART Ita	
7	19a DATE OF OPEI	UNOERLYING 216. TIM CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D.		N WAS PERFORMED	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJURY	ZOB. IF YES, WERE IN CERTIFYING C YES	CAUSES OF I	USED DEATH?
	21d INJURY OCCI	JRRED 21e PLA	CE OF INJURY STREET, FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TOW	ın cou	UNTY	STATE
	sow the dece obove, (I) (we 22b SIGNATULE	(I) (this hospital) ottended osed alive on (i) (did) (did non view the bit)	e 11 19			to	te and hour and fr	,	NED
1	THOM		PSKY		GII / MY	- ME 1.	SALTO	レル	ן ט
	23a. BURIAL, CREMATIO			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	A O COUNT	- W	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL/REMOVAG 6/26/84

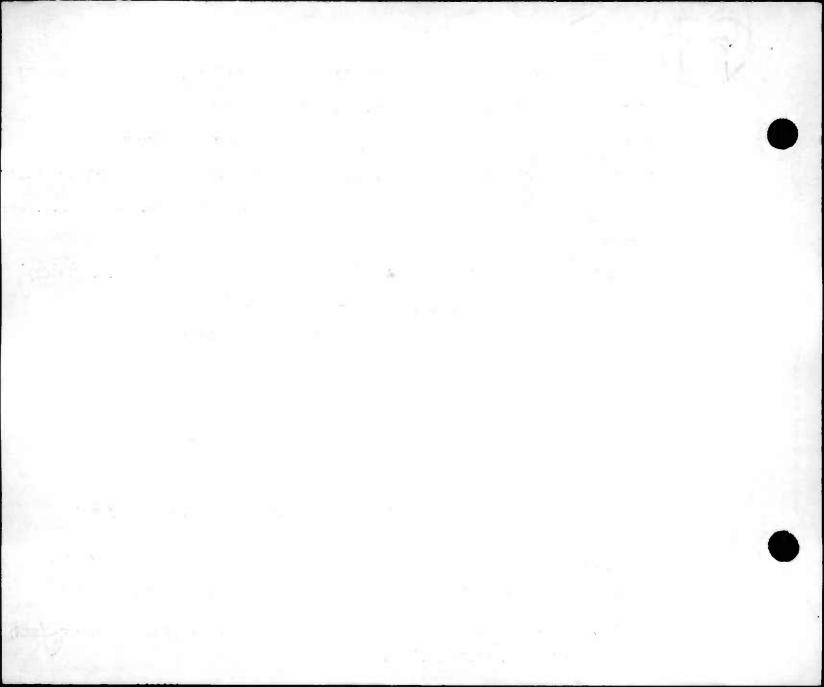
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FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, (21215)MD.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

JUN 27 1984



n and completely filled in by the funeral dis Pages 1 and 2 should be filed within 72 hau

	,	Items # 12a & FOR Film #G59		DEPARTA		E OF MARYLA		IENE 8	∠į		1 5	2	Ö	2
		REGISTRAR		4 OF	CERTIF	ICATE OF D	EATH		REG. N	0.				N
		CEASED NAME FIRST OR PRINT)		MIDDLE		AST		20. DATE C	FDEATH	MONTH	DAY Y	EAR	2b. HOL	JR
		Thomas		н. г	RFRI 1	NG		J	une 1	9,198	34		10:5	51AM
	3. SE)		4 RACE		5. DATE C		YEAR	6 AGE (IN	YEARS LAST BI	RTHDAY)	IF UNDER I	VEAR	IF UNDER	R 24 HRS
4	Ma	le	White	е	6	21	1910		73	YRS			1,000	JATU-
1	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D KNEVER N	ARRIED			_	TY OF DEA	TH		
5	Ma	ryland	U.S.		WIDOW	D DIV	ORCED 🗌		timor		unty			MD.
A		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	Asst	OCCUPAT IN FC OS	SET.	12b. KI		F BUSIN	ESSOR
1		ssville	Frank	klin Squ	uare	Hospi	tal				ntP.8		R.	R.R
1	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b CO	UNTY	13c CITY OR TOW	N	13d. INSIDE CI	TY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE AVE			
2			ltimore	Edgeme	re	YES 🗌	№ 🗶	2803	Wil	low	Road		212	19
		THER'S NAME	WIDDLE	LAST			FIRST		WIDDIE		130	LAST		
0		nry		Eberli	w/		rgaret		ADDR	F.C.C.	Ti	ier	ney	,
	16a V	VAS DECEASED EVER IN U.S., (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMAL								100
	NO			705-10-	9653	Virg:	lnia F	R. Eb	erli	ng	Same			<u>3e</u>
	4	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory Arrest								BET	WEEN C	MATE INTE	DEATH	
			ATE CAUSE (a)	Respirat	ory F	rrest							100	30
			DUE TO O	RAS A CONSEQUE	COD GO	etive b	leant E	ad lune						
		Conditions, if any, which gave rise to immediate	(P)/G	fractory	conge	Stive r	leart r	ariure	9			-		-
H		cause (a), stating the underlying cause last.		R AS A CONSEQUE										
		PART 2. OTHER SIGNIFICAN		yocardia]		rction	TO THE TERM	DISEA	SE OR SOL	ID ITION C	DIEL DI DA	D7.1		
	Z	Insulin Depe												
	ATIC	19a DATE OF OPERATION		ITION FOR WHICH				20a AUT		20b. IF Y	ES, WERE F	INDIN	GS USE	D
2	IFIC							YES 🗔	NO		TIFYING CA	AUSES	OF DEA	
3	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW IN.	JURY OCCURE	RED (ENTERN		JRY IN ITEM I	B PART LORPA	ART 2)		
1		OR CONTRIBUTING CAUSE OF	PEATH	M. MONTH DA	AY YEAR									
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATIO	N		CITY OR TO	David I	COUL			STATE
	W	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET			CITY-OR IS	JWN	COOK			STATE
		22a 1 certify that (this ha		e deceased Irom_	June	4	19 84	to	June	19	. 19 8	4	that K	(we) last
		saw the deceased alive abave, (Mwe) Add (da	on June 1	gfter death	84。	nd that in	(aur) opinion (death accurr	red an the c	lote and h	aur and Ira	m the	couses st	ated
		22b. SIGNATURE	1	D:00		DEGREE	-//		11.12		271.	DATE	SIGNED	100
		Muren	e K.	Dell			TTENDING HYSICIAN	DIRECTO	R PHYSI		6	11	9/	89
		22d PHYSICIAN'S NAME (TYP				22e ADDRES			140		1	1	1	
1		Lawrence R.	Bell M.	D.		9000	Frank	lin Sc	quare	Dr.,	21237			

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health or

MPORTANT: If Hem 2

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 236. DATE 6/22/1984

231 NAME OF CEMETERY OR CREMATORY Meadowridge

23d LOCATION
CITY OR TOWN
Dorsey

Howard

Maryland

74 FUNERAL DIRECTOR Duda-Ruck, 7922 Wise Avenue D Inc. Dundalk, MD. 21222

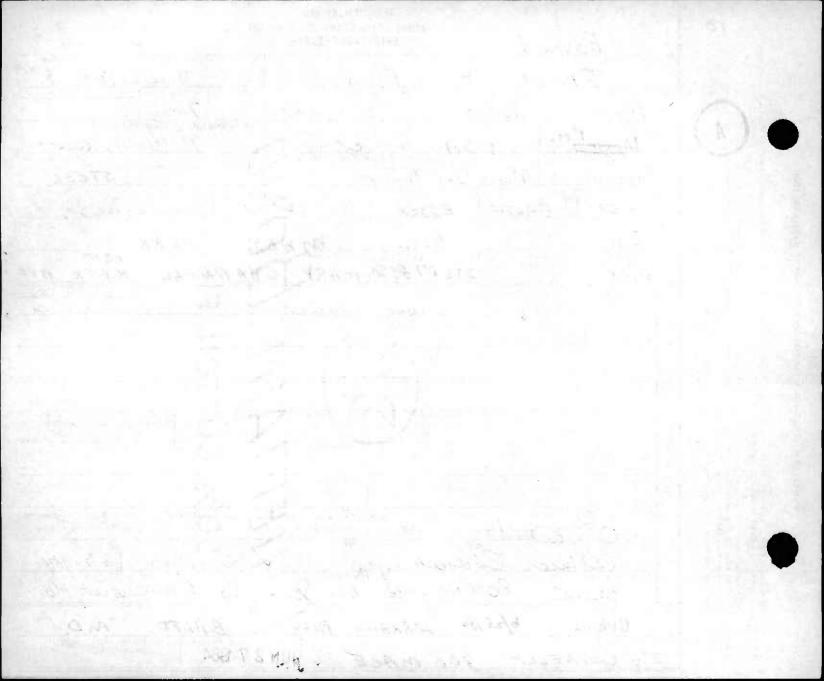
250 DATE REC'D

BY REGISTRAR 256: REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

				STATE OF MARYLAND	(3)	I have a how
2	1 -	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE O "	1 2 % 2
		REGISTRAR Edwa	rd	CERTIFICATE OF DEATH	REG. NO	
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH N	AONTH DAY YEAR 26. HOUR
		Edwa	nd F	Flain	Jo	une 2/1984 8
_	3. SE	1/1/1	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
	-	Male	White	12 11 07	76	
1		RTHPLACE (STATE OR PREIGN	75. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
D	ì	Hirsma	11.SA	WIDOWED DIVORCED		Itimore Court
1501	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 126. KIND OF BUSINESS
TO I		Towson		owson	(TYPE OF WORK FOR MOST OF	STEEL
2/1	USU/	AL RESIDENCE (IF NURSING HOME OF TATE	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	Lin Cross to Donce	. 2199
	130. 5	mp 6	BALTO ISC. CITY OR TON	YES TO NO THE	13e. STREET ADDRESS	cinia (Ivenue)
NS/	14. FA	THER'S NAME		15. MOTHER'S MAIDEN		
\$ 7		Edoch	MIDDLE LAST	FIRST	OV MIDDLE	SPR LAST
8	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRES	15 1910
redicol	()	(ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 2.12 07	8390 MARY	CHANNEL	
he			nly ane cause per line far (a), (b), a	17.117.13	CIIIIIVEL	APPROXIMATE INTERVA
omo		Conditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF		
y injury, or other troumos	TION		(b)	JENCE OF DEATH BUT NOT RELATED TO THE TE		
ows any injury, or other troumot	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	(b)	JENCE OF		20b. IF YES, WERE FINDINGS USED
en 18 shaws any injury, or other traumat	AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY OCC	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES
of Men 18 shows any injury, or other troumot		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YESNO IN ITEM 18, PART 1 OR PART 2)
ked of Nem 8 shows any injury, or other troumot	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YESNO IN ITEM 18, PART 1 OR PART 2)
morked of Men 18 shows any injury, or other troumot		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE 21d IN JUNCY OCCURRED WHILE AT WORK NOT WHILE AT	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO IN ITEM 18. PART 1 OR PART 2) NO COUNTY STA
! I is marked of Nem 18 shows any injury, or other traumat		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JUNY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE STAN HORE CAUSE OF DESCRIPTION OF THE STAN HORE STAN TO STAN T	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 100 IN HEM 18, PART 1 OR PART 2) N COUNTY STA
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21 is mark		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CAUSE OF	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET O 14 O 14 O 19 DEGREE ATTENDING	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW On deoth occurred on the dat	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY THI ITEM 18 PART I OR PART 2) NO COUNTY STAIL THO (II) (We see and hour and from the couses state
21 is mark		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE A) WORK A NOT WHILE AT WORK A) WOR	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DE P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, 6/15 19- atliview the body ofter death.	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW On deoth occurred on the dat	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY THI ITEM 18 PART I OR PART 2) NO COUNTY STAIL THO (II) (We see and hour and from the couses state
ANT: If Hem 21 is mark		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CAUSE OF	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION FARM, ETC.) 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 172e ADDRESS	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW On death accurred an the data MEDICAL STAFF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY THI ITEM 18 PART I OR PART 2) NO COUNTY STAIL THO (II) (We see and hour and from the couses state
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ANT: If Hem 21 is mark	WEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE (ITHER AT WORK NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE (ITHER AT WORK NOTIFY MEDICAL EXAMINE	(b)	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 27e. ADDRESS 134 NAME OF CEMETERY OR CREMATOR	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW On deoth accurred an the dat MEDICAL STAFF MIDIRECTOR PHYSICI.	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH: YES NO
ANT: If Hem 21 is mark	WEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED) WHILE NOT WHILE AT WORK NOT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b, TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, SITE OF PRINT) CORPRINT) CORPRINT) COSENBE 123b, DAJE 23c	DEATH BUT NOT RELATED TO THE TE H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING PHYSICIAN 27e. ADDRESS ATTENDING PHYSICIAN 27e. ADDRESS ATTENDING PHYSICIAN 27e. ADDRESS ATTENDING PHYSICIAN AME OF CEMETERY OR CREMATOR PARK	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJURY CITY OR TOW MEDICAL STAFF MEDICAL STAFF MEDICAL PHYSICI. WE AND LAW Y 23d. LOCATION CITY OF TOWN A A A	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES NO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DE	REGISTRAR		CERTIFICATE OF		REG. NO.		
	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE	OF DEATH MONTH	DAY YEAR	26 HOUR
(1Ab	FLOYD	JACKSON	ELLER	1 3	June 15	1984	8:10A
3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	Sept. 17,		YR	MONTHS DAYS	HOURS MIN.
L	RTHPLACE (STATE OR FOREIGN COUNTRY). rginia	76. CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED ☐ NEVE	R MARRIED	wore city <u>or</u> cour timore Cou		MD
	andallstown	NAME OF HOSPITAL, NURSI OLD COURT NURSICH FACILITY, GIVE STREE OLD COURT NURSICH			AL OCCUPATION WORK FOR MOST OF WORKIN THEY	AGLIFE) INDUSTRY	alture
130.	STATE HIS COUN	other institution, give residence before 13c. City or to 15 Toppa	WN \$13d. INSIDI	ECITY LIMITS? 13. STRE	ET ADDRESS 2 Barry La	21085 ane	
)4. F	ATHER'S NAME FIRST Clark	middle Eller		ER'S MAIDEN NAME Jane	MIDDLE	Come	tt
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (# YES GW	EWAR OR DATES)		MANT . Patsy W. El	ler, 801 B	Md. 210 Barry Land	85 e,Joppa
	PART I. DEATH WAS CAUSE	Ily one couse per line for (o), (b), D BY: TE CAUSE (o)	11-Resun	iting corre	it	BETWEEN	MATE INTERVAL DNSET AND DEATH
	4960 Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF CVI)			YE	ppry
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOU	JENCE OF COA	7		Υ.	
	underlying couse lost.	(6)	00/	1)	`		475
NO		(c)CONDITIONS CONTRIBUTING TO			ASE OR CONDITION		
TIFICATION		((c) CONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE TERMINAL DISE	UTOPSY? 20b. IF		NGS USED
EDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT (196. CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH I	DEATH BUT NOT RELATED TO THE PROPERTY OF THE P	FORMED 206 AL	UTOPSY? 20b. IF	GIVEN IN PART 100 YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?

sow the deceased alive an obove, (1) (we) (did) (did not view the body after death. 226. SIGNATI

236. DATE

22s. ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL BURIAL

FOR STATE

poge 3

in by auld be

ond campletely filled

carbon popers. Pages attending physician

Then please

should be detached far use as the buriol-transit permit. Then please remave cowith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, O FUNERAL DIRECTOR: After this certificate has been signed by

ng phy

OR ATTENDING

IMPORTANT: If Hem 21 is marked ar Hem 18

may be

ofter

23c. NAME OF CEMETERY OR CREMATORY

16 Acre Field

DEGREE

23d. LOCATION CITY OR TOWN

Comers Rock

COUNTY

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR HOWARD MCCOMAS III

June 17,1984

ABINGDON, MARYLAND

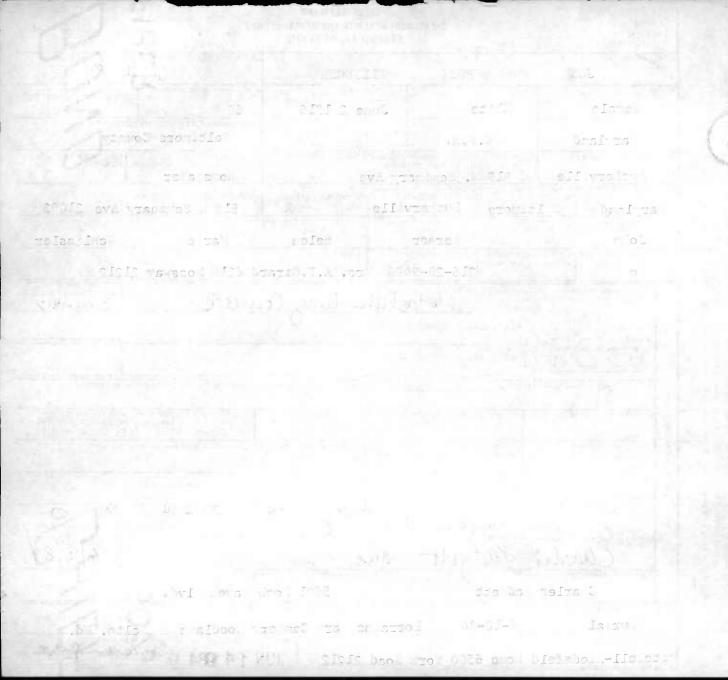
Grayson

					STATE	OF MARYLAND				50		
1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 A REG. N	10.	5 2	5	5	
	CEASED NAME	EIRST	M	IDDLE	1.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. H	OUR	
(TYPE	OR PRINT)	NE		ROSE	EL	LINGER		(0	14 84	+		
3. SE	(14	RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER I YE	R IF UN	DER 24 HRS	
. 50	Female				MONTH	DAY YEAR	60	1	MONTHS DAY	5 HOUR	S MIN	
			White		Jur	ne 2 1916	68	YRS.			1	
e BI	RTHPLACE (STATE OR I	FOREIGN 71		VHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	_				
	Maryland	1		S.A.	WIDOWE	DIVORCED [Baltim			34	M	
0 C	TY OR TOWN OF DEA	ATH 1		OSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND E) INDUSTR		INESS O	
	Luthervil	lle		V. Semina		e	Homemak		L) II VOOSTI			
	AL RESIDENCE (# NURS		THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		L. CEDECE LOGDECC	4 710 0000				
	- 1	B 1 t	imore	Luther		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 819 W Se			27.0	93	
	aryland	DIC	THOTE	Ducile L	TILE	15. MOTHER'S MAIDEN NA		millar	y ave	410))	
	FIRST	M	DDLE	LAST		FIRST	MIDDLE			AST		
	John	TALLILC ARTI	ED LOBOSCO	Werner	DITYALO	Helen	Marie	FSS	Sch	liss	rer	
10 V	VAS DECEASED EVER		WAR OR DATES)		OCIAL SECURITY NO. 17. INFORMANT ADDRESS							
	No			216-28-9	496 1	Irs. A.F.Gira	rd 6216 Mos	sway 2				
	18 CAUSE OF DEAT			line for (a), (b), and	dicy 1.	1 ^			BETWEE	APPROXIMATE INTERVAT		
	PART I. DEATH W	AS CAUSED		Meto	stati	c lung Co	mar		3 v	non	tis	
	1/220	IMMEDIATE				()						
	Condition if		(AS A CONSEQUE	NCEOF				1			
	Conditions, if ony, gove rise to imm	nediote	(b)									
	underlying couse		DUE TO, OR	AS A CONSEQUE	NCE OF							
			((c)									
NO	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIV	'EN IN PART	110		
CERTIFICATION	198 DATE OF OPERATION 196 C		196 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			20s AUTOPSY?		, WERE FINE			
윤										YING CAUSES OF DEATH?		
EKI	71s. ACCIDENT WAS UNI	DERLYING [7]	21b. TIME OF	INJURY		21c HOW INJURY OCCUR						
	OR CONTRIBUTING		HOUR A				LEWIER WATORE OF INJ	and the region of P	ANT I OR PART 2			
OA	(IF EITHER, NOTIFY MEDI	CALEXAMINER)	P.A		19							
MEDICAL	214 INJURY OCCUR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	CITY OR I	OWN	COUNTY		STATE	
5	AT WORK NOT WE	HILE D				11	K Care					
	22s.1 certify that (1)	(this hospita	l) ottended the	deceased from_	Fe	528 , 19 84	to_JUNO	14	19 84	, that ((we) lo	
	sow the decease	ed olive on	Mai	18 19	84,00	d that in (my) (our) opinion	death occurred on the o	lote and hou	ond from t	ne couses	stated	
	22b. SIGNATURE //	aid) (did not)	view the body	otter death.		DEGREE			22c. DA	TE/SIGNI	D A	
	Clu	arles	Mad	gut	u	ATTENDING PHYSICIAN	MEDICAL STA		6	14	84	
	22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT	0		22e ADDRESS						
	Ch	arles	Padgett			5601 Loc	h Raven Bly	rd.				
3a 1	BURIAL, CREMATION,	REMOVAL	236 DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	Burial		6-16-				CITY OR TOWN	-	COUNTY		STATE	
	UNERAL DIRECTOR		1 0 10-	04 10	orrail	ne Park Cemter	CYL WOOD LAWN E REC'D. BY REGISTRA	RI25baREGIST	RAR'S SIGN	ATURE		
	NAME			ADDRESS			AL A A MOCA		Davidson		400	
			110000	500 York	Dood	21212 1 111	N T A THAT	Let		. 1	-	

DHMH - 16 50M 4/B3 (VRA 15, 4)

Then please remaye carbon popers. Pages 1 and 2 should be file in by cremation, or removal.

TO FUNERAL DIRECTOR. After this certificate has been signed be should be detoched for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,



	FOR STATE			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 -1	1	5 4	5 6
	REGISTRAR ASED NAME	FIR51		WIDDLE		AST	RE 2a DATE OF DEA	G, NO.	DAY YEAR	Zb. HOUR
TYPE O				M.			THE DATE OF DEA			
-		EMMA		M.	MONTH DAY YEAR		6. AGE (IN YEARS LAST BIRTHDAY)		2 84	3:15P
3. SEX	CASC SECT		4. RACE						MONTHS DAYS	HOURS MIN
1	emale		White		Janu	ary 28, 1886	98	98 YRS.		
	HPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI	D NEVER MARRIED		_		
M	arvland			U.S.A.		WIDOWED DIVORCED		imore C		N
10. CIT	OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL		NG HOME OR OTHER INSTITUTION		12a USUAL OCCL			OF BUSINESS O
.0	Towson		Greater	Baltimor	e Med	lical Center	Homemake	er	Own	Home
USUAL 130. ST		13b COU		TITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13(, CITY OR TOWN 13d, INSIDE CITY LIMITS		124 INICIDE CITY HALITS	13e STREET ADDR	ESS / 7ID CO	DE	
	Maryland Balti					YES NO DE	615 Che			1204
	FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
ah -	rles		F.	Mandle	~	Amelia	MIDI	DLE	Fraue	
	AS DECEASED EVER	PINISAR		16b. SOCIAL SECUR		17 INFORMANT	A	DDRESS		
No	5, NO OR UNKNOWN)		/E WAR OR DATES)	217-32-8		Pickersgill	Home - Sa	ame as		LIMATE INTERVAL ONSET AND DEAT
	PART I. DEATH V 5325 Conditions, if ony gove rise to im couse (a), stati underlying cous	y, which mediate ing the e last.	DUE TO, O	R AS A CONSEQUE	NCE OF ON Of	duodenum				
						NOT RELATED TO THE TERM	NINAL DISEASE OR	CONDITION	GIVEN IN PART 1	0,
] <u>ē</u> [edocholit						
CERTIFICATION	9a DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	YES NO	IN CER	YES, WERE FINDI TIFYING CAUSES YES []	
MEDICAL CER	OR CONTRIBUTING	CAUSE OF DE	AIM	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM I	8 PART OR PART 2}	
0	ALL INJURY OCCUP		21e PLACE	OF IN ILIRY		211 LOCATION	CITY			

sow the deceased alive on O/Z above (I) (we) (did) (did not) view the body after death. and that in (my) (our) apinion death occurred on the date and hour and Iram the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF 6/4/84

22e ADDRESS

CIAN'S NAME ETYPE OF PRINTS

6-6-84

6701 N. Charles St. Towson, MD 21204

Baltimore

DIRECTOR PHYSICIAN

John E. Adams, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN [SPECIFY]

Baltimore

24. FUNERAL DIRECTOR ADDRES, 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Maryland

then be

PHYSICIAN

or attending physicion. PHYSICIAN: The ATTENDING HOSPITAL

> BP. DHMH - 16 50M 4/83 (VRA 15, 4)

in by

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physician

attending

After this certificate has been

IRECTOR:

FUNERAL D

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shauld be detached with the State Dept.

MPORTANT: If them 21 is marked or them 18 shows

22d, PI

Burial

ELECTION OF THE STREET			⊕	
80	mry 28, 1886	Janu	White	Fcmale
A Control of the Leader			.1.3.J	Paryland
For each er Cvm Leme				
615 Chestrut Ave. 21204	40	Powson	Paltirore	ervlard
Frances	Inclia	relors"	ī	(harles
Home - Same as #13e	Fidhersgill R	17-32-8126	r.	O:
			aliant elimina malara livebula	
lattinore Paryland			45-8-3	Buri el
, Foc. 1.1	ork 2d.		luncral Hore,	Inck Touson

Stonce.

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medicol

ttending physician and completely filled in by the funeral director. p ve carbanpapers. Pages 1 and 2 should be filled within 72 hours after

offending physician

os the burial-transit permit. Then please remove carbanpape th and Mental Hygiene priar to burial, cremation, ar removal.

urial-transit per 00

morked or Item

should be detached for u with the State Dept of He IMPORTANT: If them 21 is

MEDICAL CERTIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND	3.3
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1 - STATE REGISTRAR		CERTIFICATE OF DEATH						REG. NO.				
I. DECEASED NAME	FIRST	WIDDLE		LAST		20 DATE OF DE	ATH MON	H DAY	YEAR	26 HOL	JR	
TYPE OR PRINT	JACK		W.		ELLIS			6 2		84	130A	
3. SEX		4. RACE		5. DATE C			6 AGE IN YEAR	S LAST BIRTHDAY	MON.	INDER I YEAR	IF UNDER	
MALE		WHITE		8 8	4	$\check{2}^{\scriptscriptstyle c}\hat{\hat{2}}^{\scriptscriptstyle c}$	61		YRS.	THS DAYS	HOURS	MIN.
	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	[X]		9. BALTIMORE	CITY OR CO	UNTY OF	DEATH		
MARYLAND		U.S.	Α.	WIDOWE	D NEVER	VORCED	BAL	TIMORE	COUN	TY		MD
10 CITY OR TOWN OF D	EATH		OSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OC		WINIC LIFE	126 KIND C	FBUSIN	ESS OR
CATONSVILLE		817 FA	IRWAY AVE	NUE			MACHI	NIST W		DISTI		
USUAL RESIDENCE (IF NO. 130, STATE MARY LAND	13b COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWI CATONS VI	N	13d INSIDE (NO X	817 FA	ORESS / ZIP	CODE AVENU	JE 2:	L228	
14 FATHER'S NAME					15 MOTHER	S MAIDEN NA						
JOHN		MIDDLE	ELLI	S		MILDRI	ED ^	AIDDLE		LA!	TOPE	PER

(YES, NO OF		II	216-14-7247	FLORENCE A.	ELLIS	817	FAIRWAY	AVENUE	21228
I8 CAL	JSE OF DEATH (Enter of RT I. DEATH WAS CAUS IMMEDI	only one couse per SED BY. ATE CAUSE (a)	Hepotie F	aileex					TE INTERVAL SET AND DEATH
	tions, if any, which		RASA CONSEQUENCE OF Metastates	and the second s	Con	un	n	22	20
couse	rise to immediate (a), stating the lying cause last.	DUE TO, O	r as a consequence of						

17 INFORMANT

166. SOCIAL SECURITY NO.

98 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY?		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NO] YI	ES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART ?)		
21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OF	TOWN	COUNTY	STAT	

sow the deceased alive an above, (1) (we) (did) (did not) view the body after death

220 DATE SIGNED

22e ADDRESS

ONCOLOGY AGNES HOSPITAL

STAFF

ADDRESS

WATERFIELD. 23d. LOCATION
CITY OF TOWN
BALT IMORE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 6/23/84 BURIAL

LOUDON PARK CEMETERY

ATTENDING PHYSICIAN

COUNTY MARYLAND

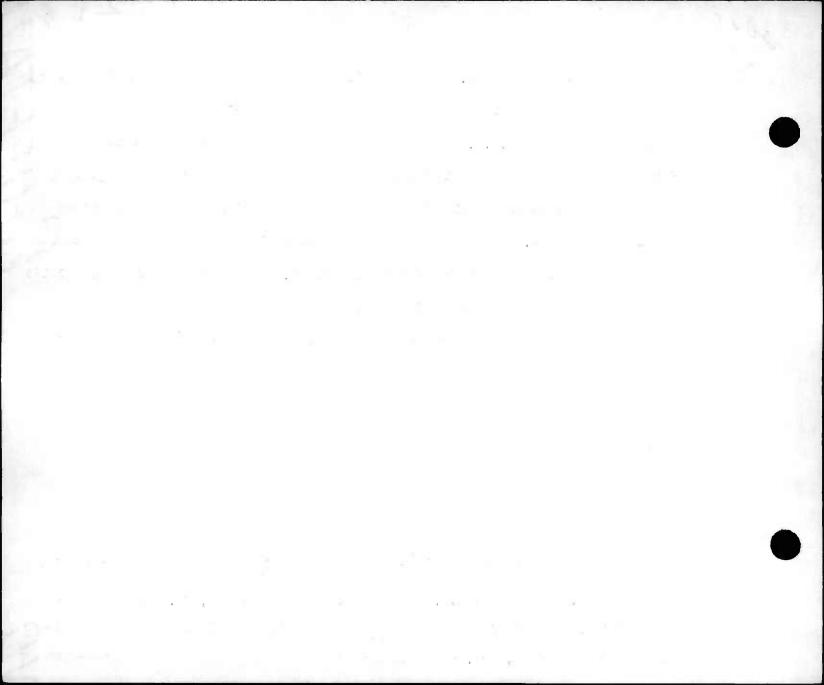
21229 24. FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR After this certificate has b



injury, or other troumotic

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the buriol-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

OR ATTENDING PHYSICIAN: The

TO HOSPITAL OR ATTENDIN

BP.

(VRA 15, 4)

MPORTANT: If Hem 21 is morked or Hem 18 sharps ony

STATE OF MARYLAND FOR STATE REGISTRAR

CERTIFICATE OF DEATH							
Enes	20. DATE OF DEATH MONTH	- 14 - 84	1 1 12 M				
1 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.IN.				

	CEASED NAME 1461	A	AIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 25 HOUR
(time	Dorot	hv. E	Ena	25	6-	14-84 111
3. SE	A	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
F	emale	Black	3	/2/33	51 yrs	
76. BI	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	* The state of the	9. BALTIMORE CITY OR COUN	TY OF DEATH
Por	etimore, md.	US	A MARRIE WIDOWI	NEVER MARRIED DIVORCED	Baltimore a	unty,
10 C	TY OR TOWN OF DEATH		OSPITAL, NURSING HOME		12a USUAL OCCUPATION	126 KIND OF BUSINESS
Po	utimore, md.	St. JOS	epo HOSO(17)	l	Secretary	National Par
USU	AL RESIDENCE (IF NURSING HOLE TATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	A 124 IN CODE CITY CONTES	13e STREET ADDRESS / ZIP CO	21230
	aryland	UNIT	Baltimore	YES NO	1309 Wayers	Avenue
	THER'S NAME	1128		15. MOTHER'S MAIDEN NA		
)	William	Walter	Scott	Catheri	ne MIDDLE	Taylor
	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	1309°Walte	rs Avenue
	NO.	GIVE WAR OR DATES)	215-34-6393	Harry E. Epp	es Baltimore,	Maryland 2123
	18. CAUSE OF DEATH (Enter		line for (o), (b), and (c).)	7-2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	chesenun	and sough	ners lell	
	1629		R AS A CONSEQUENCE OF	-	- / /	
- 19	Conditions, if ony, which	((b)	(leven	noma ga	latet alling	
	gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUENCE OF	5		
	underlying couse lost.	(c)_	7,07,007,02,002,7,02,01			
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART TO
CERTIFICATION						Water and the
S	190 PATY OF PPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
I	7 127183,4-115	184 (as	unouna, M	ght lung	YES NO	YES NO
Ü	26. Account was therefores	21b. TIME O	FINJURY M. MONTH DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	B PART I OR PART 2)
CAL	OR CONTRIBUTING CAUSE OF	DEWINE	200			
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY	711 LOCATION	CITY OR TOWN	COUNTY STATE
>	WHILE NOT WHILE AT WORK	(Arribate sin)	1/0- 03	11.	All
	22a I certify that (I) (this ha	spital) attended the	e deceased from	15 , 19 00	10 6/14	19 27 , that (II (we) I
	sow the deceased olive obove, (I) (we)(did) (did		offer death.	nd that in (my) (our) opinion	death occurred on the date and h	our and from the causes stoted

DEGREE 22b. SIGNATURE ATTENDING THYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME ITYPE OR PRINT Maryland National
Memorial Park 23d. LOCATION 236. DATE 230. BURIAL, CREMATION, REMOVAL

Burial 24 Mittelescapesons DHMH - 16 50M 4/83

2501 Gwynns Falls Parkway

6/19/1984

Laurel. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
UN 15 284 Julia Davidson-hand

COUNTY

Maryland

Funeral Home Inc.

21216 Baltimore, Maryland

Co. secretary Mational Paper Relaimore NN Maryland . Villium .Elter Scott Catherine Taylor ... 213-34-6393 Harry L. Erres Maltimore, Maryl nd 21239 surial 6/19/1984 Memorial Park Laurel, faryl nd Nutter & sons 2'01 Grynns Fils Parkers Ealtimore, Haryland 21216 William . neral Home Inc. Bå

requires that the death certificate be executed within 24 hours after death. Page

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

		FOR
1	-	STATE
	-	REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	F	REG. NO.			
	CEASED NAME	FIRST		MIDDLE		LAST	2a DATE OF DE	ATH MONTH D	AY YEAR	26 HOUR	
(TYP)	Mrs Mrs	. Vi	ola Eu	ler			Jun	e 20 1984		1:50 M	
3. SE	Х		4 RACE		5. DATE		6 AGE (IN YEARS		FUNDER I YEAR	IF UNDER 24 HRS	
Fe	male		Caucasi	an	July	26 1892 YEAR	91	YRS.	ONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	_	9. BALTIMORE	CITY OR COUNTY	OF DEATH		
V	irginia		USA		WIDOW	D NEVER MARRIED DIVORCED	re County		MD.		
	ITY OR TOWN OF DEA	ATH			NG HOME	OR OTHER INSTITUTION	12a. USUAL OCC	CUPATION		F BUSINESS OR	
R€	andallstown			re County (Hospital	Honerake:	R MOST OF WORKING LIFE	INDUSTRY		
13a S	AL RESIDENCE (IF HURS	13b. COUN	VTY	GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS?	13e STREET ADD	oress en Soring Ri	3.	21207	
14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME				
.Ta	mes Henry Wr	right.	MIDDLE	LAST		Nora O'Neil	(Loving) W	richt.	LAS	T	
16a. V	VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INMESAA Betty K		ADDRESS		21207	
n	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	214-03-0	17980	7032 Glen Sp		Baltimore		Varyland	
	18 CAUSE OF DEAT	H.Ester se				1000				MATE INTERVAL DISET AND DEATH	
	PART I. DEATH W	AS CAUSE	D BY:	2.0	u (c)	0.0			BETWEEN	DNSET AND DEATH	
	D 38 11	IMMEDIA	TE CAUSE (o)	100		7	~			-	
			DUE TO, O	R AS A CONSEQU	ENCE OF						
	Canditions, if any		(b)								
	underlying couse	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF				100		
	(c)										
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	Renal faction										
ICA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?	
RTIF	25 113						YES NO			NO 🗌	
	218. ACCIDENT WAS UNI	_	21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18 PA	RT I OR PART 2)		
CAL	(IF EITHER NOTIFY MEDI			M.	19						
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	EARLA STC \	211 LOCATION STREET	CI	ITY OR TOWN	COUNTY	STATE	
2	AT WORK AT WO	HILE	TAT HOME, ST	REEL, PACIONT, OFFICE, I	PARM, EIC J						
	22s. certify that (I)	(this hospi	tal) attended th				10 50	m 20,1		that (I) (we) lost	
	saw the deceas above, (1) (we) (ed live on	th view the body	ofter death	84.0	nd that in (my) (aur) apinion	death occurred or	n the date and hour	and from the	causes stated	
	226. SIGNATURE	- /	in view the body	oner deam.	1000	DEGREE			22c. DATE	SIGNED	
	Show	-R	au -	Lasser	mi	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	6-	20-84	
	226. PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS					
	GHASS.	EM	POUR	MOTAB	050	Balts.	20. G.	n. Ho	July		
	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATIO	N			
	urial		6-23-84		Corrair	e Park Cemetery	Woodla	wn Ba	timore	Maryland	

DHMH - 16 50M 4/82

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the medical exa

notified at ance.

(VRA 15, 4)

Burial 6-23-84 Incraine Pa ^{74 FUNERAL DIRECTOR} Ioring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND A WAS DANGED TO THE SECOND 2 2

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1984

MATERIAL CONTRACTOR

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	ghid) englitica			AU	
	and an order	belleri	Joseph Chart a	milita	micellensi
	NESS Clery Spring Mil.	8		wantifu	bralyoni
	Total Haise	Listo and		a des	yout man.
nicking militari	rene Ayla, Talliote		(4,474,474)		on
		YEAR CHOKEN		10-03-	the P

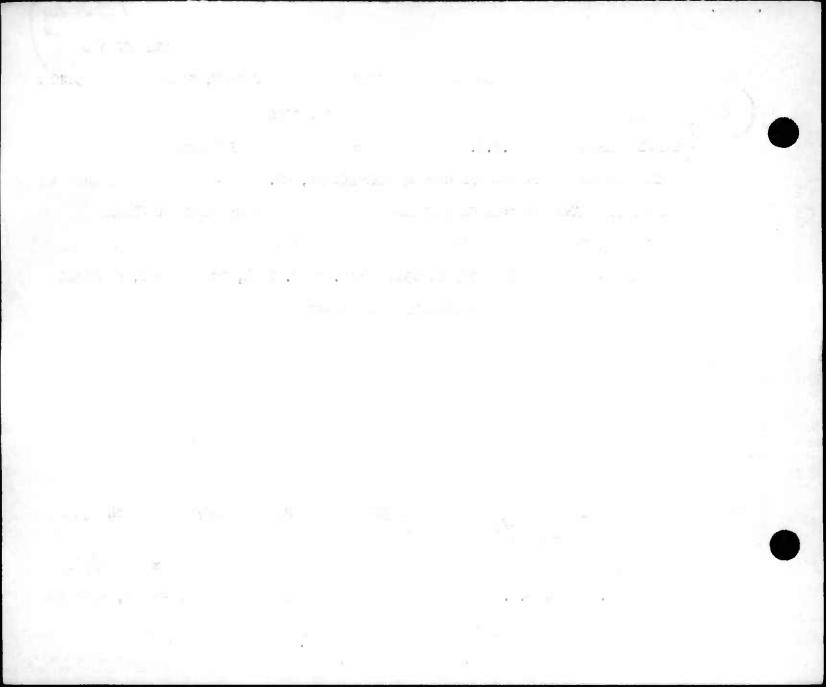
	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL I
STATE REGISTRAR	CERTIFICATE OF DEATH

011, 212 120

	REGISTRAR						REG. N	0.014	212 120	
	DECEASED NAME	FIRST	WIDDIE	(AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L.	TEL OR PRINT	DOWEY	DAVID	EV	ANS		JUNE 7, 19	84		5:20 a
3. 3	SEX		4. RACE	5 DATE C			6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
	MALE		WHITE	FEBR	UARY 14.	1926	58	YRS.	MONTHS DATS	HOURS MIN.
10	BIRTHPLACE (STATE	OR FOREIGN	D. CITIZEN OF WHAT CO	UNTRY? 8			9 BALTIMORE CITY C		Y OF DEATH	
DP:	ENNSYLVANI	Δ	U.S.A.	WIDOWE	D NEVER MA	RRIED	BALTIMORE	a		44
	CITY OR TOWN OF D		11. NAME OF HOSPITAL				12a USUAL OCCUPATI		12b, KIND C	M OF BUSINESS OF
4.	BODD TOULD		(IF NOT IN SUCH FACILITY, C		D TYMEST	100	(TYPE OF WORK FOR MOST O	OF WORKING LIF	FE) INDUSTRY	
	FORT HOWAR		A MEDICAL C		T HOWARD	, MD.	Pressman		Monur	nental
7 L 13	e. STATE	IN COUN	TY 13c. CITY	ORTOWN	13d. INSIDE CITY		13e STREET ADDRESS			1061
	MARYLAND	AMNE	ARUNDEL GLEN	BURNIE		10 🗌	1609 SUNSH	THE S	TREET	- /
20	FATHER'S NAME	A	AIDDLE	LAST	15. MOTHER'S M		MIDDLE		\$.A5	i1
7X	James	Dewey	Evans	Sr.	D	aisy.	LaRue	a	Smath	ers
160	(YES NO OR UNKNOWN)		MED FORCES? 16b SOC	IAL SECURITY NO.	17. INFORMANT		ADDRE	ESS	Settino all	
4	YES			20 0360	CLIN. RO	DS. V.	AMC, FORT H	OWARD	, MARYI	AND
	18 CAUSE OF DE	ATH (Enter anl	y ane cause per line far to	a), (b), and (c).					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED) RY	DIOPULMONA	RY ARRES	ST .				121777
	4275	IMMEDIATI					-			
	Constitution of	-1:1	DUE TO, OR AS A CO	ONSEQUENCE OF						
	Canditions, if a gave rise to		(p)							
	cause (a), sta underlying cai	ating the use last	DUE TO, OR AS A CO	DNSEQUENCE OF						
	onderlying con	036 1031	(c)							
		IGNIFICANT C	onditions <u>contribut</u>	ING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION GIV	VEN IN PART 1	a
CERTIFICATION										
2 10	190 DATE OF OPE	RATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORM	∧£D	20a AUTOPSY?		S, WERE FINDING CAUSES	
44 <u>8</u>			1				YES NO		ES	NO [
3 8	210 ACCIDENT WAS	UNDERLYING	216 TIME OF INJURY		21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 I	PART I OR PART 2)	
	00.500,120,001,200,00	_								
MEDICAL	(IF EITHER NOTHY M		P.M. 21e PLACE OF INJUR	19	211 LOCATION					
X E	WHILE I NOT	WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET		CITY OF TO)WN	COUNTY	STATE
	AT WORK AT	WORK W			1					
	22a 1 certify that	🍅 (this haspit	al) attended the decease		,	19 84	ta 6/1		19 8/1	that 🖦 (we) fas
	saw the dece	ased alive an) view the body after deal	19 84 , 01	nd that in (my) (a	ur) apinion d	death occurred an the d	ate and hav	or and fram the	causes stated
	226. SIGNATURE	TOTO TO	New the body after deal		DEGREE				22c DATE	SIGNED
	1 - 100	wilne	,			ENDING	MEDICAL STA		6/2	/84
#	22d. PHYSICIAN'S	NIAME HURS OF			22e ADDRESS	YSICIAN _	DIRECTOR PHYSIC	JAN 🝱	1 0//	/04
	P.	MITRA,	M.D.				ENTER FORT	HOWA	RD, MAR	YLAND
230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CRE	EMATORY	23d LOCATION		COUNTY	STATE
	Buri	al	6-11-84	Crowns	ille V	. A. C		n		31416
24	FUNERAL DIRECTOR					25a. DATE	REC'D. BY REGISTRAR	na Kada	TRAPS SIGNAT	URE
	MacNabh	Funer	al Home, C	atonsvi	lle. Ma	THIS	1 G 406%	E.C. K	cindam The	Smith
	Machann	TATTEL	ar mone,	JUL OUTID VI.	1110	100	1 C 2004	Micha WI	my money	me B etc.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

etoined by the hospital or ottending physician

BP

_		FOR	
1	-	STATE	
		PEGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DE	ATH	REC	5. NO /	,	1	
	CEASED NAME	FIRST	N	NDDLE	į	AST		20. DATE OF DEAT		DAY YEAR	2b. HOUR	F
(179)	E OR PRINT) Ann	ie	Lore	etta	Eve	erhardt		6	125/	14	6.0	DM
3. SE	Х		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LA	BIRTHDAY}	PRINCE INDER I YEAR IF UNDER INDUSTRY PRINCE INSTITUTE AND INDUSTRY 12b. KIND OF BUS INDUSTRY 2/2 3/4 LAST CACO CONSTITUTE AND INDUSTRY APPROXIMATE INDUSTRY BETWEEN ONSE INDUSTRY ON GIVEN IN PART 1(0) b. IF YES, WERE FINDINGS UNITED IN CAUSES OF DIVEN IN PART 2() ITEM 18 PART I OR PART 2) That I was a second in the couse in the co		MIN.
1	Female		White	2		3-31-00		83	YRS.			Parilla.
7a. B	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	D NEVER M.		9. BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
	Leonardt		IISA		WIDOWE		ORCED	Coun	tv			MD.
10 C	ITY OR TOWN OF DE		11. NAME OF H	IOSPITAL, NURSIN	IG HOME C	- A		120. USUAL OCCU			F BUSINES	-
	Baltimor			V View		ne Uon	20	C	OST OF WORKING I	INDUSTRY		
USU 13a	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CIT	-11	13e STREET ADDRE	90	7173	4	
	MD		ltimor				NO T			2/20	,	
4. F	ATHER'S NAME	ша			nore-	15. MOTHER'S		- 16	Wycli			
	FIRST	For	WIDDLE	STOOS		Ma	RST ST	MIDD	I.E			0
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMAN	IT	AC	DRESS		-	
-{	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-10	-1039	F	200.14	RECOR	05			
	18 CAUSE OF DEAT	H (Entor or	ly one cours nor	line for (a) (b) an	die		11 115	Λ		APPROX	MATE INTERV	AL
	PART I. DEATH W	AS CAUSE	D BY:	Pid	1MO	- N	0	Alm		BETWEEN	SNISET AND D	ZEALIT
		IMMEDIA	TE CAUSE (o)	7 63	TEACH	1		N. CO. T.C.				
	C but of		DUE TO, OF	AS A CONSEQU	CE OF	1000						
		nditions, if ony, which ve rise to immediate										
	cause (a), statis underlying couse		DUE TO, OR	AS A CONSEQUE	NCE OF							
			(c)									
z	PART 2. OTHER SIGN	NIFICANT	CONDITIONS CC	NTRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERM	IN AL DISEASE OR C	ONDITIONG	IVEN IN PART 10	٥	
OT.	19a DATE OF OPERA	TION	TIBL CONDI	TION FOR WHICH	ODERATIO	NI WAS BEREOR	AAED	20a AUTOPSY?	20h 15 VI	S WEDE CINIDA	ICE LISED	
CERTIFICATION	190 DATE OF OPERA	11011	198 CONDI	HON FOR WHICH	OFERATIO	IN WAS FERFOR	MED	_ \	IN CERT	IFYING CAUSES	OF DEATH	1
ERTI	21a. ACCIDENT WAS UN	DEBLYING F	1 21b. TIME O	E IN II IDV		121, HOW IND	IDV OCCUPE	YES NO	7		ио И	
	OR CONTRIBUTING	-	110110 4 1		AY YEAR	210.11047 1143	OKI OCCORK	CED CENTER NATURE OF	INJURY IN HEM 18	PART I OR PART 2)	/ \	
S	(IF EITHER, NOTIFY MEDI		_		19	AU LOCATIO						
MEDICAL	21d INJURY OCCUR		21e. PLACE C	DE INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION	1	CITY	SKIDAS.	/ countr	STA	ATE
	AT WORK AT WO	HILE		-	12	bo /.	PA	_	1-	1 24		
	220.1 certify that (I)	0.410	//	25	PU /	-	. 19		(4)		thot (I) (-
		ed olive on did) (did no	t) view the body	ofter death.	1	(our) opinion o	deoth occurred of II	he date ago ho	ond from the	couses stot	ted
	22b. SIGNATURE	1-				DEGREE	TENIDING	1 MENTENI .	STAFF	17 OFTE	SIGNYO	
	100	M	NO-	my	71	PI	TENDING TYSICIAN	DIRECTOR PH		0/2	118	4_
	776 PHYSICIAN'S N	AMPLIA	areal)	-11	MA	220 APDRESS	00	- (010	01 1	1.1	
	V. /	06	UYE	W,	14	0,55	Dell	ar V	d Bal	cro ma	2/2	06
230	BURIAL, CREMATION,	REMOVAL	23b. DATE	236.1	NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION	N	COUNTY	STA	ATE
17	(SPECIFY)		1 0	M KING A	1 .40	00		BOITA	B	al Tour	OCK I STA	1.40

DHMH - 16 50M 4/82

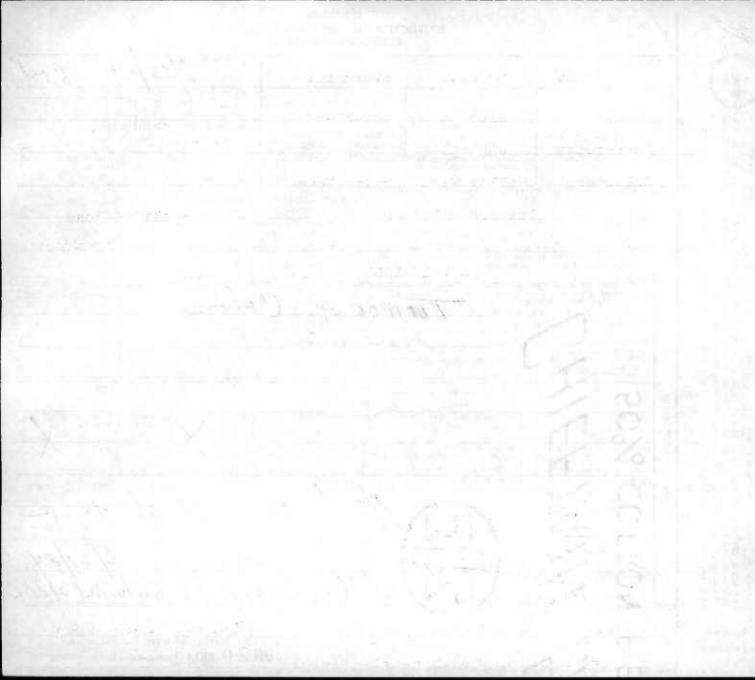
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral dri should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should be filled within 72 hauwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or New 18 shows ony injury, or other troumatic event, the

24 FUNERAL DIRECTOR (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUN 2 9 1984 Julia Davidson-Rand

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Poge 4 may be

FOR
- STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

	CEASED NAME	FIRST	,	WIDDLE	L.	451	20	DATE OF DEATH	ONIH DAT	TEAR	26 HOUR
(iir	CORPRINT)	Elizab	eth	J.	Fair	nann		June 9	, 1984		5:45pm
3 SE	Х	4.	RACE		5. DATE O		6 A	GE (IN YEARS LAST BIRTH		INDER I YEAR	IF UNDER 24 HRS
1	FEMALE		Y	VHITE	Oc.			84	YRS.	ITHS DAYS	HOURS MIN
	IRTHPLACE (STATE OF	R FOREIGN 76	CITIZEN OF	WHAT COUN	ITRY? I.		9. B	ALTIMORE CITY OR	COUNTY OF	DEATH	
	Maryland	L	Ţ	J.S.A.	WIDOWE	D NEVER MARRIED :		Baltimor	e Coun	ty	MD.
10. C	ITY OR TOWN OF DE	ATH 1			URSING HOME O STREET ADDRESS)	R OTHER INSTITUTION		USUAL OCCUPATION PE OF WORK FOR MOST OF			F BUSINESS OR
1	Towson		Dular	ney Tov	vson Nur	sing Home		Cashier			Service
	AL RESIDENCE (IF NUI	13b COUNTY	HER INSTITUTION	GIVE RESIDENCE		113d. INSIDE CITY LIMITS	\$2 1120	STREET ADDRESS /	7IP CODE		
	Maryland	1			timore	YES NO	3: F36.	712 N. Ma		St.	21205
14. FA	ATHER'S NAME				_	15. MOTHER'S MAIDEN					
1	Frank	MI	J.	Fai	mann	Eliza	beth	MIDDLE		Vele	nosky
	WAS DECEASED EVE		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT T	imon	ADDRES	S Md.	210	093
	YES NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES!	212-03	3-1225A	Frank Fa	imanı		avo Ct		
	IS CAUSE OF DEA	TH (Enter only	one couse per	line for (0), (b), and (c).	w 01.	4 1	, ,	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH	IMMEDIATE		down	ned A	thero Schot	ie h	asculón	1 Staz	2	
	4360		DUE TO, O	R AS A CONS	SEQUENCE OF						
	Conditions, if on	y, which	(b)								
	gove rise to im		DUETO	R AS A CONS	SEQUENCE OF						
	underlying couse last.										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM						TERMINAL	L DISEASE OR COND	ITION GIVEN	IN PART 10	0 '
CERTIFICATION	GARGRENE OF FOOT. DIABITIS, SIP S						STI	ROK2			
CAT	190 DATE OF OPER	ATION	4 196 COND	ITION FOR W	HICH OPERATIO	WAS PERFORMED	2	20a AUTOPSY?	20b IF YES, W		
IE							1	YES NO	YES [NO [
E E	21a. ACCIDENT WAS U		216. TIME O			21c. HOW INJURY OCC	CURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
AL	OR CONTRIBUTING			M. MONTE M.	DAY YEAR						
MEDICAL	214 INJURY OCCUI		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOW		COUNTY	STATE
×	WHILE NOT V	ORK	(AT HOME, STA	REET, FACTORY, O	FFICE, FARM, ETC)	STREET		CITYORTOW	N	COOKIT	STATE
	22a I certify that (l) ottended th	e deceosed f	rom UC	70 19 0	37	to 6/9	. 19.	88	that (I) (we) last
	sow the deceo	sed plive on_	may		19 84 , on	d that in (my) (our) opin	nion deotl	h occurred on the dat	e and hour or	nd from the	couses stated
	226. SIGNATURE	0 0	view the Degry	oner deom.	(DEGREE				22c. DATE	SIGNED
		11. Ju	berto	_	mD.	ATTENDINI PHYSICIAI	M DI	RECTOR PHYSICI		6-	11-8×
	224 PHYSICIAN'S			-		22e ADDRESS					,
	Dr. Ro	bert L	iberto	M.D.		3508 B	ank S	St. Balt	imore,	Mary.	land
	BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATO		23d. LOCATION CITY OR LOWN	C	OUNTY	_STATE _
	Buris	ıl	Jun 12	2 1984	Most H	oly Redeeme:	r	Balti	more	M	aryland

Baltimore, Maryland

REGISTBAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic shared effectives on the burial-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If Hem 21 is marked ar

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24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

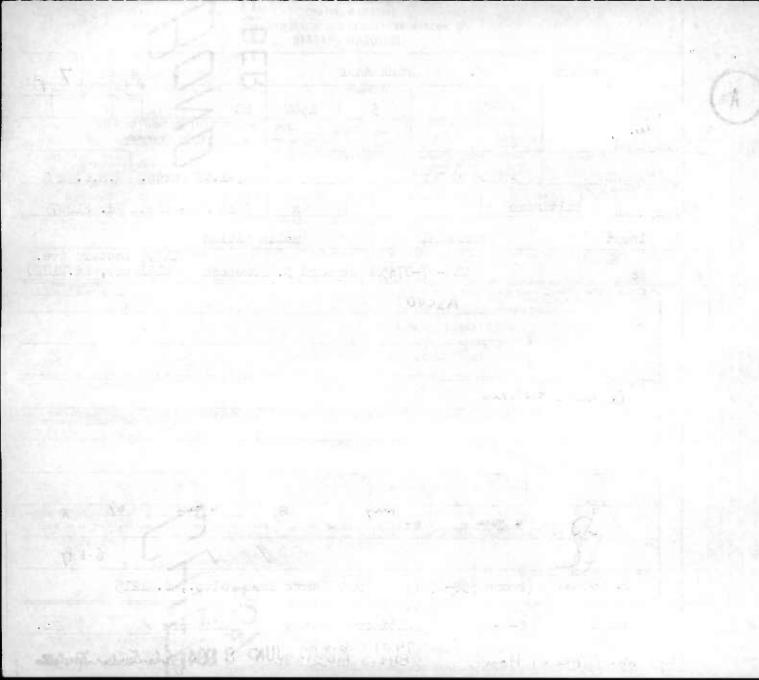
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4 5	10.40	

۱	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
	DECEASED NAME FIRST			AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
L	Barbar	ra M.	Fankh	anel		6 4	1 84	7 PM	
10	SEX	4. RACE	5. DATE C		6 AGE IN YEARS EAST BE		FUNDER I YEAR	IF UNDER 2 HRS	
L/	MALE	WHITE	MONTH	8 1962	82	YRS.		7,000	
70	BIRTHPLACE (STATE OR FOREIGH COUNTRY)	N 16 CITIZEN OF WHA	T COUNTRY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C				
	jaryland	USA	WIDOWE	DIVORCED	BALTIMORE			MD.	
	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) RG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Super. of I	OF WORKING LIFE		F BUSINESS OR	
Ţ,			RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6811 Can		1 Rd. 2		
ij	FATHER'S NAME Albert	MIDDLE Fanl	chanel	15 MOTHER'S MAIDEN NA. FIRST Ameli			ŧAS		
16	(YES, NO OR UNKNOWN) IF Y	ES GIVE WAR OR DATES	social security no. 215–07–8745A	Bernard B.		191737 Baltin		m Ave. Id. 21220 MATE INTERVAL DONSET AND DEATH	
	Conditions, if any, white gove rise to immedia couse [a], stating the underlying couse lost PART 2 QTHER SIGNIFICATION CONTRACTION CONTRACTION CONTRACTION CONTRACTION CONTRACTION CONTRACTION CONTRACTION CONTRACTION CONTRA	th (b)	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO	NOT RELATED TO THE TERM IN WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YES,	WERE FINDIN	NGS USED	
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH AMINER) P.M. 21e PLACE OF IN	MONTH DAY YEAR	21t. HOW INJURY OCCURI 21t LOCATION STREET	YES NO	YES		NO STATE	
	220.1 certify that (1) (this	WHITE AT WORK NOT WHITE AT WORK NOT WHITE AT WORK NOT							
2:	Dr. Lebson	1 (Phone 3		3640 Fords L	23d. LOCATION	Md.212			
	Burial	6-8-84	Baltim	ore Cemetery	Baltimo	ore	COUNTY	Md.	
2	FUNERAL DIRECTOR NAME LASENHA FUNE	RAI Home	ADDRESS 7401	Belzia RIZO DAT	E REC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNAT	URE Republic	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The Jow

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending plantable detached for use as the burial-transit permit. Then please remove combants with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remi



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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FOR STATE REGISTRAR		OF HEALTH AND MENTAL		5 42 0
1. DECEASED NAME (TYPE OR PRINT)	MIDDLE	FARROW	20 DATE KNOWN OF ESTI- DEATH MATED	
3 SEX 4. RACE FEMPLE WIFTER TO RIDTHOLOGY (STATE OR	MONTH DAY YEAR LAST B AUGUST 36 73	(IN YEARS FUNDER 1 YR. IF UNDER IRIHDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 6 2719 8
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAM 10. CITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? ENGLYMA 11 NAME OF HOSPITAL, NURSING H	MARRIED NEVER MAR WIDOWED DIVOR OME, OR OTHER INSTITUTION	RED BALTO	COUNTY TYPE OF WORK 126 KIND OF BU
MIDDLE RIVER	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	RD.	FOR MOST OF WORKING LIFE)	OR INDUST
130. STATE 136 COL	7270 · MIDDLE		DEN NAME	DRD. BAZO
HARRY 160. WAS DECEASED EVER IN U.S.	MIDDLE PAR R RMED FORCES? 166 SOCIAL SEC	LILY	ADDRE	CHAPMS
(YES, NO, OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	9230 BRENDA	9 FIRE SAN	P) E '
PART 2 OTHER SIGNIFICANT CONDITION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	NS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE OR CONDITION GIVEN IN I	PART f (a).	20 AUTOPSY
	216. TIME OF INJURY HOUR A.M. MONTH DAY F DEATH P.M.	YEAR	RED LENTER NATURE OF HIJURY IN ITEM	YES
UNDERLYING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING COURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HO) STREET, FACTORY, FARM, ETC.)	ME, 211 LOCATION STREET	CITY OR TOWN	COUNTY
220. I certify that I took cho	rige of the remains described above, held tural couses (), Accident ()	on Autopsy , Inspects Suicide , Hamicide M.D. ADDRESS	Undetermined monner MEDICAL EXAMINER	DATE SIGNED 26
230 BURIAL, CREMATION, REMOVAL				
CREMATION 24 FUNERAL DIRECTOR	JUNE 29, 984 SECU		23d. LOCATION CITYOR TOWN CATOM VILLE E REC'D. BY REGISTRAR LSb. RE	COUNTY S CE BALTO EGISTRAR'S SIGNATURE

STATE OF THE STATE OF THE STATE OF VIVIO TONE - THE PROPERTY CHANGE STRUCTURE OF STRUCTURE AND STRUCTURE OF SHIP OF STRUCTURE OF SHIP OF STRUCTURE OF SHIP militaria de locariolos de la composição The second secon Self-market and the following the self-market and the self-market and the self-market and the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filled as with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows gny

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

REGISTRAR				REG. N	0.	
PECEASED NAME FIRST	MI	DOLE	LAST	20. DATE OF DEATH	MONTH DAY YEA	P 2b. HOUR
(Othe	2, NE	E. 1- 5he	moun	10/11/8	4	(0 0 M
EX., 4.1	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS AST BIR	THDAY) IF UNDER 1 Y	EAR IF UNGER 24 HRS
-1-	us.	· La MOI	PAY SAY YEAR 2	61		AYS HOURS MIN.
EMAIE "	/ //	7	13 ~~		YRS.	
COUNTRY)	CITIZEN OF W	HAT COUNTRY? 8.	IED ALVER MARRIED	9. BALLIMORE CITY O	R COUNTY OF DEATH	1
V.S. Md.	L	VIDON	VED DIVORCED	199KI,	noRE (0	JULY MD.
CITY OR TOWN OF DEATH		OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 12b. KIN F WORKING LIFE) INDUST	DOF BUSINESS OR
Touson	STEIL	9 MORL	5 HOSPICE	Office	Co	unty
UAL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION, G	LE RESIDENCE BEFORE ADMISSION	V)			
Md. 136. COUNTY		Balto.	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	dloway Dd	21220
FATHER'S NAME		υαιτο.	YES NO IT		dieway Na.	21220
	DIE	C - LAST	. FIRST	WIGOLE	D 1	LAST
Charles		Copes	Marie		Bentz	
WAS DECEASED EVER IN U.S. ARME		166. SOCIAL SECURITY NO	. 17. INFORMANT	ADDRE		Hill Road
(YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES;	219-18-3401	Ms. Ann Irel	and Timo	nium, Md.	
18. CAUSE OF DEATH (Enter only o		and for any that and total		-	APP	ROXIMATE INTERVAL
PART I. DEATH WAS CAUSED B		ne for fair, to , ond ic.	. (noice	P,	861W	EEN ONSET AND DEATH
IMMEDIATE C	AUSE (a)	G/ F/37/C/	J HRICE			
	DUE TO, OR	AS A CONSEQUENCE OF				
Canditians, if any, which	(b)					
gove rise to immediate couse (a), stating the	DUE TO OR	AC A CONSCOURNCE OF				
underlying cause last.	DUE TO, OK	AS A CONSEQUENCE OF				•
DARK O OTHER CONTEST AND CONT	(c)	ALTERIOR TO DE ATIL O	IT NOT BELLETED TO THE TERM	NAME OF STREET	DITION CAUSAL BURAR	Ť 1
PART 2. OTHER SIGNIFICANT COM	NDITIONS <u>CO</u>	NIKIBUTING TO DEATH BE	JI NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	1 110
				TanTongua	Teal as yes weeps six	1001001100
190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	100 IF YES, WERE FIN	
				YES NO	YES	NO 🗆
210. ACCIDENT WAS UNDERLYING	21b. TIME OF		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	(2)
OR CONTRIBUTING CAUSE OF DEATH		MONTH DAY YEA				
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE O		21f. LOCATION			
		ET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
AT WORK NOT WHILE AT WORK			G	1	al m	1
220.1 certify that (1) (this haspital)	attended the	deceased from	14 18 19 93	, to JUPA	19 34	, that (I) (we) lost
20 M IIIA GECEGIAGO DIIAE DII	SUNCE	19 84	and that in (my) (our) apinion	death occurred on the d	ate and hour and from	the causes stated
obave, (I) (we) (did) (did not) v	new the body o	itter death.	DEGREE		122¢. D.	ATE SIGNED
WE From O	10 11 "	MI	ATTENDING _	_ MEDICAL STA	FF	
The court	rene	110	PHYSICIAN [DIRECTOR PHYSIC	IAN	
22d. PHYSICIAN'S NAME (TYPE OR PR	(INT)		22e. ADDRESS			
BURIAL, CREMATION, REMOVAL	23b. DATE	Z3c, NAME OF	CEMETERY OR CREMATORY	123d. LOCATION		
(SPECIFY) Removal		1/84		CITY OR TOWN	COUNTY	STATE
Kellitiva i						

DHMH - 16 50M 4/82 (VRA 15, 4)

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retained by the hospital or attending physician

24. FUNERAL DIRECTOR Anatomy Board

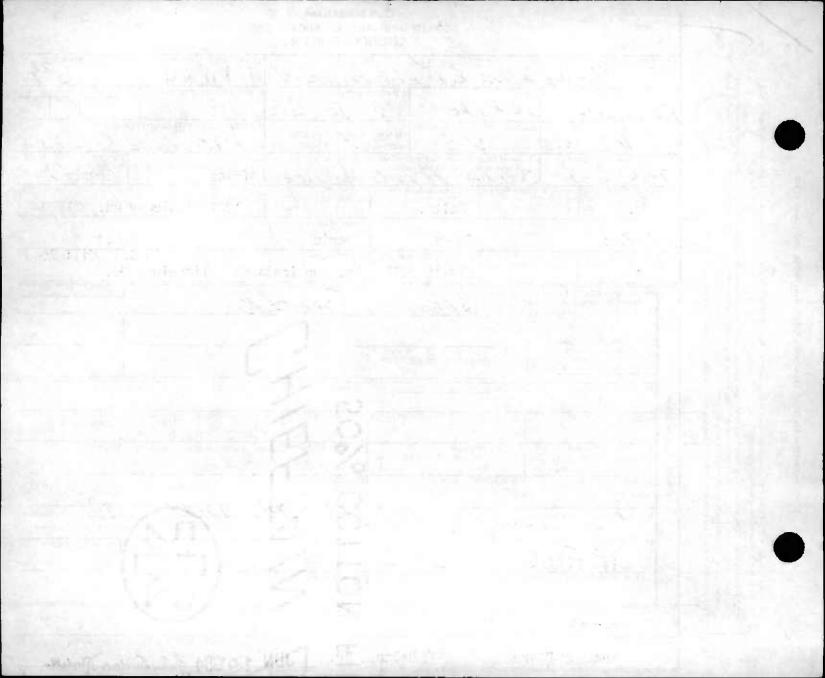
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Balto., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		4
	CEASED NAME PRIST DOROT		N. F	inn	e GAN	20. DATE OF DEATH	Me 30	84 2b.	HOUR M
3. SE	F	4. RACE	v	5. DATE C		6. AGE (IN YEARS LAST B	MONTH	an result	URS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY BALTO	OR COUNTY OF D	EATH	MD,
m	DOLL RIVER	1616	HOLL HOLL	ADDRESS)	Ree RD	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	DUSTRY	SINESS OR
USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	ROTHER INSTITUTION. NTY CTO:	13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO P	130. STREET ADDRESS		21. ec R	220
	GUSTAU	MIDDLE SC	4miot		DOROTH	EA MIDDLE	KRIEL	sekst	
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	212-07-	8046	MARGARET	LETSCH	BALT	31. FA	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost.	DUE TO, O	PAS A CONSEQUE	ENCE OF SCLF	MYOCONOIA		Disense.	APPROXIMATE BETWEEN ONSET	AND DEATH
MION	PART 2. OTHER SIGNIFICANT	ntensi	rve c	conc	NOT RELATED TO THE TERM OF O VISSUA LAND	AINAL DISEASE OR COI	NDITION GIVEN IN		LISED
CERTIFICATION	INC. DATE OF OPERATION	The COND	THORY OR WINCH	OFERATIO	TO THE OWNER	YES NO	IN CERTIFYING	CAUSES OF	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMIN 214. INJURY OCCURRED	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				
WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	FARM, ETC)	STREET	CITY OR I	OWN C	OUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	6-2	1-8419		nd that in (my) (our) opinion	death occurred on the		from the cous	
	276. SIGNATURE	mage				MEDICAL ST.	AFF	12c. DATE SIGN	NED
	DON & LO	A- VO	26 85	Un	106-D	BAUTIL,	ro., 21	220	5
	BURIAL, CREMATION, REMOVA	23b. DATE	101	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cou	NIY	STATE

BP DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

IMPORTANT: If Item 21 is marked on Item 18 shows any injury, or other traumatic event, the medica

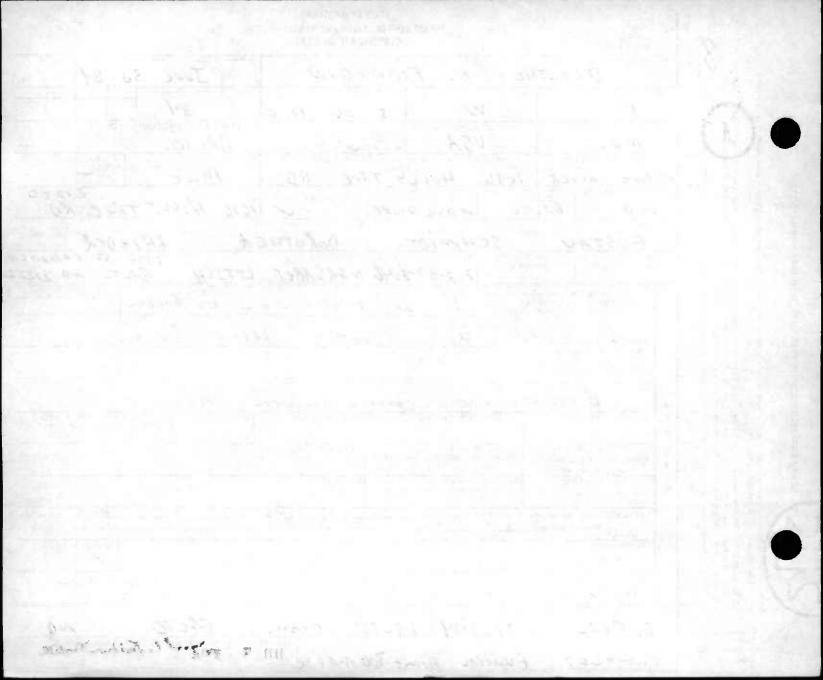
24. FUNERAL DIRECTOR (VRA 15, 4) ComeLL

FUNERAL

Home 300 MACE 16

250. DATE REC'D. BY REGISTRAR 24 DEGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINT! **GEORGE** E FITZGERALD 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS April 1898 MALE 3 WHITE 86 To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York BALTIMORE COUNTY U.S.A. WIDOWED A MD IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) $D \bullet D \bullet S \bullet$ ST. MARTINS HOME DENTAL CATONSVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land 13b. COUNTY Baltimore 13e,STREET ADDRESS / ZIP CODE 4508 N. Chas. Street21210 13d. INSIDE CITY LIMITS? YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Patrick MIDDLE John Fitzgerald Kathryn Boles ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Mrs. M.K.Reilly 407 Dumbarton Road 21212 217-38-3177 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME QUINJURY 25 YEAR -20 MONTH A.M OR CONTRIBUTING CAUSE OF DEATH MEDICAL 6 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK arm 220.1 certify that (1) (this haspital) attended the pleceased from 0 saw the deceased alive an. and that in (my) (aur) apinian death occurred on the date and have and from the causes stated above. (I) (we) (did) (did not) view the body after deat 27% SKSNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS Mariden chave Love 601 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION I SPECIFY! CITY OR TOWN COUNTY STATE

Burial BP 6-27-84 New Catherral 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 (VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Road 21212

BY REGISTRAR 256. REGISTADES LIGNATURE

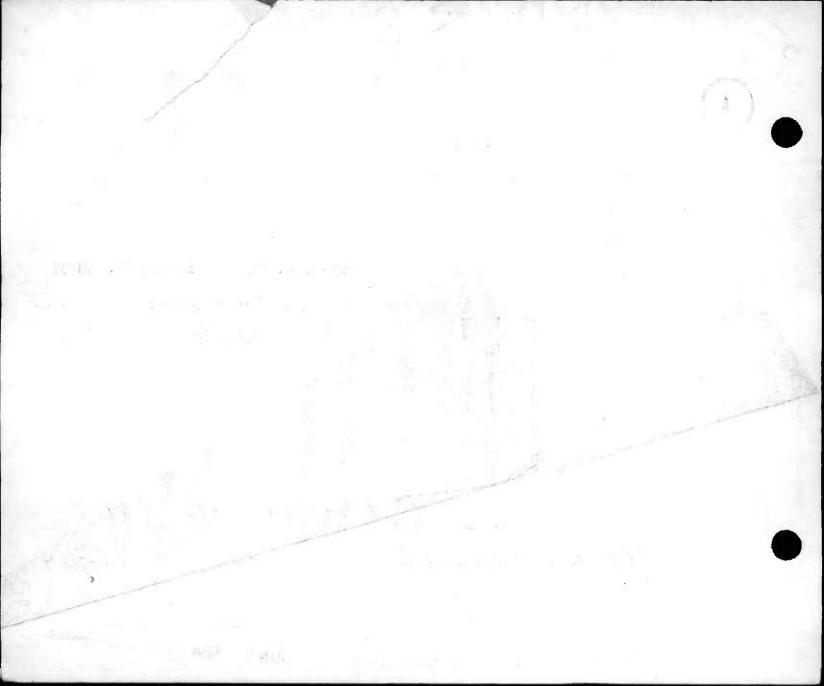
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	eoth.
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
BALTIM	cate be e
W. PRESTON ST.	at the death certif
ORDS, 201	requires the
/ITAL RECO	4. The law
DIVISION OF	HOSPITAL OR ATTENDING PHYSICIAN: The
	OR ATTEND
	HOSPITAL

2		FOR 6/21/84 rj. STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	. 0 0
n £		CEASED NAME FIRST OR PRINT) Christin	MIDDLE G	LAST	June 6, 1984	EAR 26. HOUR
100	3. SEX		4. RACE	Foy 15. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	I YEAR IF UNDER 24 HRS
(Age)		<i>Female</i>	White	Dec 7, 1926 YEAR	57 YRS.	DAYS HOURS MIN
n 72 on		RTHPLACE (STATE OR FOREIGN COUNTRY) New Jersy	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	20 21 1	TH.
by the fu	1	TY OR TOWN OF DEATH Rosedale	(IF NOT IN SUCH FACILITY, GIVE STREET Guinevere	Ct	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSCRETE SECTION (TO BE A CONTROL OF WORKING LIFE)	IND OF BUSINESS C STRY
filled in	13a. S	STATE 13b COL	or other institution give residence befor JNTY 130. CITY OR TOW altimore Roseda	le 13d. Inside city Limits?	13e.SIREET ADDRESS / ZIP CODE 5 Guinevere Ct	21237
d 2 st	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
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n signed by the attending physic Then please remave carbonbapa ta burial, cremotion, or remaval injury, or other troumatic event, [‡]	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN P	ART 110
hos been the permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
ysici cate ransi Hygi 18 sh		210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCCL		NO [
g pm certific riol-tre entol h fem 13	S S	OR CONTRIBUTING CAUSE OF D		AY YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P.	
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COURSEAL STATE TO THE COOK After this certification of Courseal DIRECTOR. After this certification of the Course of the burnolit with the State Dept. of Health and Mental IMPORTANT. If them 21 is marked or them?	230. 8	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22d I certify that (1) (this has, saw the deceased alive a above, (1) (we) (did) (did in 17th a shall reference)	P.M. 21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE. potal) ottended the deceased from (in	FARM EIC) 21f LOCATION STREET and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN COUNTY TO STAFF DIRECTOR PHYSICIAN 1234 LOCATION	nty STATE , that (I) (we) I am the couses stated DATE SIGNED
DIRECTOR: After this certificached for use as the buriol-tr Dept of Health and Mental If them 21 is marked or them 1	23ø. B	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDIC AL EXAMIN 21d IN JURY OCCURRED WHILE AT WORK 220 I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did in the same of	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE. pital) ottended the deceased from (In 19) (In 19	PACE TAYLOR	CITY OR TOWN COUNTY TO TOWN 1997 ACCOUNTY OR	nty STATE , that (I) (we) I make couses stated DATE JONED STATE



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician, inding physicion and completely filled in by the fi corban papers. Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention physicial should be detached for use as the buriol-transit permit. Then please remaine carbon appears with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remained MAPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumants event, the

STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENT

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1		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		- 17
		OR PRINTS	-	MIDDLE	_		20. DATE OF DEATH	MONTH	DAY YEAR	26. 160UP . M.
ı	0.054		1.04.65				ACE INVESTIGATE	DTUDAY!	IF UNDER 1 YEAR	IF UNDER 24 HRS
١				SIAN		DAY YEAR	86	YRS.	MONTHS. DAYS	
1			b. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY		Y OF DEATH	
}		M	US	1		/	(OUA	TY	BALTO.	MD.
1	0				ADDRESS)	. /			INDUSTRY	OF BUSINESS OR
2	13a. S	MD 136. COUN	OTHER INSTITUTION			YES NO NO	3576 LANG		APT.	1C - 2/20/)
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				213-4P	7466				MD 212	
١		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per BY:	line for (o), (b), on	-	e a come E	MIO.E		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
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		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEOU						
	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION G	IVEN IN PART 1	10
	IFICATIO	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES	
			HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)	
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						nd that in (my) (our) opinion o	deoth occurred on the	dote and ha	our and from the	
		226 SIGNATURE	890;	3		ATTENDING PHYSICIAN	DIRECTOR PHYS	CIAN	221. DATE	E SIGNED
	TO CAUCASIAN TO A CONTRIBUTION OF ENSITY OF THE INSTITUTION TO A CONTRIBUTION OF COUR PART TO A CONTRIBUTION OF COURS TO A CONTRI			OSP. 211	33					
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	23h DATE 7/2/8	4 ²³ 6.	NAME OF C	FRIENDSHIP	BAETEM	ORE		RY LAND:
ı	24 FU	INERAL DIRECTOR SOL L	EVINSON	& BROS	, INC.	25a DATI	E REC'D. BY REGISTRA	RISS REGIS	STRAP'S SIGNA	THE SE
1		6010 REISTERST	OWN RD	RAITO	MD	21215 JUL	6 1984	1		4

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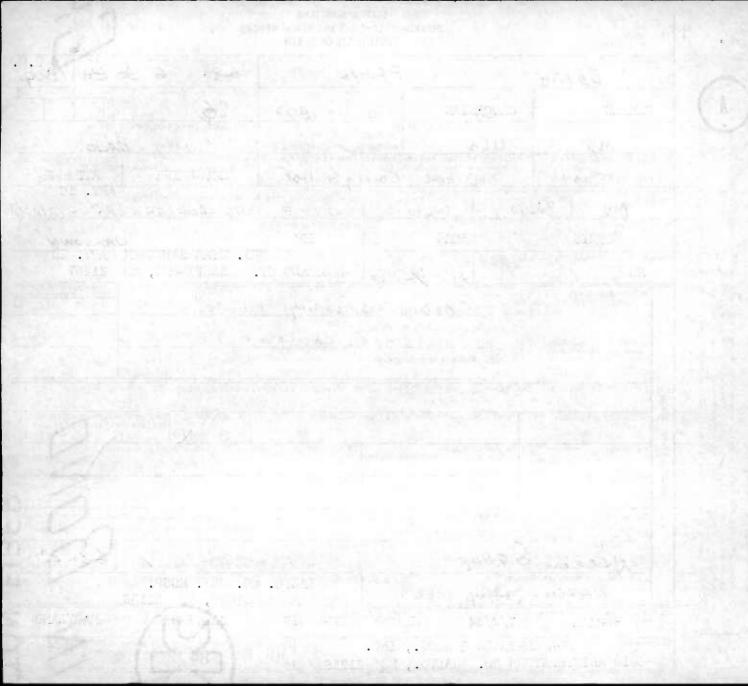
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DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD.

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signed by the ottending physicion and campletely filled in by the funeral hen please remove carbanpapers. Pages 1 and 2 shauld be filed within 72

medical examines must be noufied at

MPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, ar ather traumatic event, the should be detoched for use as the burial-transit permit. Then please remave corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENES A	1 5	2	70
		CEASED NAME FIRST	MIDDLE	L/	AST	20. DATE OF DEATH	MONTH OAY	YE AR	26. HOUR
		John	n Newt	on Fra	nk		184		8 · 15p M
,	3 SE>	M	4 RACE	5. DATE O	2 -	6 AGE (IN YEARS LAST BIRT		INDER 1 YEAR	IF UNDER 24 HRS
13		RTHPLACE (STATE OR FOREIGN VA.	16 CITIZEN OF WHAT	COUNTRY? B. MARRIEL WIDOWE	NEVER MARRIED DI DIVORCED	Baltimore city o	-		MD.
7		OSSVILLE		AL, NURSING HOME O ty, give street address)	HOSP.	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12h. KIND O INDUSTRY	F BUSINESS OR
5		AL RESIDENCE (IF NURSING HOME TATE 136 CC	UNTY 13c. CI		13d. INSIDE CITY LIMITS? YES NO (4)	13e.STREET ADDRESS	ZIP CODE RKTRE	E21	RB20
U	14 FA	THER'S NAME FIRST JOHN A	* FRANK	SR.	BERTH		DER	tas	ī
/		VAS DECEASED EVER IN U.S. (15, NO GRUNKNOWN) (15 YES.	ARMED FORCES? 166. SO GIVE WAR OR DATES) 2 /	3 28 4045	THELMA	FRANK		BOV	E
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	cen nu	r(o),(b), and(c).) rdiac Arres	t				MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A	consequence of ferior Wall	Myocardial 1	Infarction			
		gove rise to immediate cause (a), stating the underlying cause lost.		CONSEQUENCE OF DS 1S					
	7	PART 2 OTHER SIGNIFICAN			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART III	0.
	ATION		itional Cell				Tan is use to	FRE ED ID I	1000000
1	CERTIFICA	19a DATE OF OPERATION	196 CONDITION F	FOR WHICH OPERATION	N WAS PERFORMED	YES NOXX	20h. IF YES, W IN CERTIFYIN YES [IG CAUSES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. M	RY MONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART 7)	
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE

June

that (we) last

220.1 certify that X (this hospital) attended the deceased from sow the deceased alive on June 3 22b. SIGNATUR

Michael Heller, M.D.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

27r. DATE SIGNED 6/3/84

22d. PHYSICIAN'S NAME (TYPE OF PRINT

27e ADDRESS

9000 Franklin Square Drive 21237

and that in (our) opinion death occurred on the date and hour and from the causes stated

23e. BURIAL, C	REMATION,	REMOVAL	23
(SPECIFY)	BURI		

234 NAME OF CEMETERY OR CREMATORY AKEVIEW

June 84

23d LOCATION
CITY OF TOWN
BALTO.

84

MP.

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital

BP.

24 FUNERAL DIRECTOR J.G. CONNELLY

300 MACE

250. DATE REC'D. BY REGISTRAM 250. REGISTRAM'S SIGNATURE

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FOR STATE		DEPARTA		E OF MARYLAND IEALTH AND MENTAL HYG	IENB 4	1 5	5 2 7	1
REGIST		DATE MIDDLE DET		AST	REG. NO		DAY YEAR	()
1. DECEASED !	NAME FIRST SAF	RAH BEL	LB	FRIEDENBERG	LA 4	184	DAY YEAR	1835
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BIRTHPLAC	E (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D XXNEVER MARRIED DIVORCED	9 BALTIMORE CITY O			
-	ALLSTOWN	. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET BALTIMORE CO	ADDRESS)		170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIF	F WORKING LIFE		F BUSINESS
USUAL RESIDE 130. STATE MARY I	M3/ COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMOR	N	134. IN SIDE CITY LIMITS?	13e.STREET ADDRESS A		APT. 1	04 #21
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WAS DECI	EASED EVER IN U.S. ARME UNKNOWN)			3906 FORDS	NNES FRIEDE. LA. BALTO.		APT. 21215	104
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OR CONT	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONTH DA		21c HOW INJURY OCCURR	YES NO	YES	S 🗌	NO 🗌
	URY OCCURRED NOT WHILE AT WORK	P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
276. J ce saw abo 27b. SIG	rtify that (1) (this haspital the deceased alive an ave, (1) (we) (did) (did not) v NATURE	my II		nd that in (my) (aur) opinion of DEGREE M ATTENDING PHYSICIAN	, to	F A	97	
77d. PHY	SICIAN'S NAM PIPE ORPH	PESTRE		Baltmon	County C	Jener	al Ho	pital
BUR	IAL	JUNE 5,1984	CHIZU	EMETERY OR CREMATORY K AMUNO	23d LOCATION CITY OF TOWN BALTIM	ORE	COUNTY	STATE
24 FUNERAL D	PIRECTOR SOL LEV	/INSON & BROS,	INC.	25a. DAJ		Julie	RAS S SIGNAT	71-4

DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN

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TO FUNERAL DRECTOR, After this certificate has been signed by the attending physician and comple should be detached for use as the businitransi permit. Their please remove corbanipately, Pages 1 and with the State Dept. of Health and Merital Physicia prior to busini, cremation, as remaral.

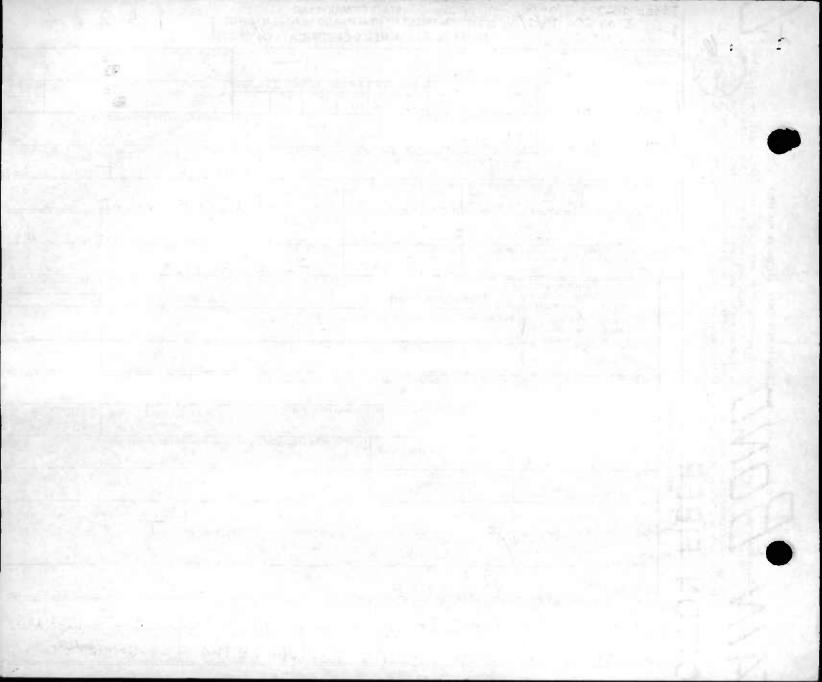
OR ATTENDING PHYSICIAN. The law requires that the death certificate be

retained by the hospital or attending physician

TO HOSPITAL

DATE OF STREET STREET MA STATE John Shirt State of Mills

STATE OF MARYLAND



OR ATTENDING PHYSICIAN; The low requires that the death certificate be

entired by the hospital or offending physician.

TO HOSPITAL

BP.

TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached for use as the buriol-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed within 72 min the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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2	Car		•

1. DEC	REGISTRAR CEASED NAME	1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT)			LAST		20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	nomas			F	UKA	June 29,	1984		7:30
3. SEX	x Male	4. RAC	CE White			6 AGE (IN YEARS LAST 8	IRTHDAY)	MONTHS! DAYS	IF UNDER 24	
7a. Bli	RTHPLACE (STATE OR F	OREIGN 7b. CIT	USA	HAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			
									TEN STEERY	City
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 123. KIND OF BUSINESS O 123. STATE 130. STREPT ADDRESS / ZIP CODE 2 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 /										
Rossville 21237 Frankfithin Sq. streehospital Maintenance or other institution, give residence before admission) 130 STATE 131 STATE 132 STATE 133 STATE 134 CITY OR TOWAY 221 135 CITY LIMITS? 136 CITY LIMITS? 136 CITY LIMITS? 136 CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 2 2 2 14. FATHER'S NAME 185	ST									
	YES, NO OR UNKNOWN)								raine A	ve 2
	gove rise to imn couse (a), statin underlying cause	which nediote g the lost.	(b) (b) (c) (c)	AS A CONSEQUE	ENCE OF					
CATION	gove rise to imn couse (a), statin underlying cause PART 2 OTHER SIGN	which pediote g the lost.	(b) (b) (b) (c) (c) (c) (c)	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES	S, WERE FIND	NGS USED
RTIFICATION	gove rise to imm couse (a), stoffin underlying cause PART 2 OTHER SIGN 190 DATE OF OPERAL	which nediote g the lost. NIFICANT CONDI	DUE TO, OR (b) DUE TO, OR (c) ITIONS COI	AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FIND FYING CAUSE ES	NGS USED
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DHMH - 16 50M 4/B (VRA 15, 4)

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etained by the haspital or attending physician.

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director pages hauld be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 shauld be filed within 72 hours after der with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I	REG. N	10.			
TE	OF DEATH	MONTH	DAY	YEAR	2b HOU

-1	1.00	REGISTRAR			CERTIF	ICATE OF D	EAIN	REG. N	Ю.			
	(TYPE	CEASED NAME OR PRINT) RODUS	Brodous)	FUNDE	RBURK	AST		June 4,		AY YEAR	26 HOUR 3:05	A
	3. SEX	Male	4 RACE	lack	5. DATE C		YEAR 26	6 AGE (IN YEARS LAST BII	M	FUNDER I YEAR	IF UNDER 2	MIN.
1		RIHPLACE ISTATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY		D NEVER M		9 BALTIMORE CITY O Baltimor				MD.
1	THE STREET	TY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSI CHEACHITY, GIVE STREE IKLIN SC	T ADDRESS)	HOSP I		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND O INDUSTRY	F BUSINES	S OR
)	13e. S M &	aryland	G HOME OR OTHER INSTITUTION 13b COUNTY Baltimore	13c. CITY OR TOV Dunda	NN I	13d INSIDE CI YES 🗌	NO 🛚	13e STREET ADDRESS 7829 W.		212 ingha		ive
0	14 FA	THER'S NAME FIRST Roland	WIDDLE	Funderl		Ann		WIDDLE		Davi		
	16a W	VAS DECEASED EVER II VES NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	411-36-		17 INFORMAI Franc		ADDR Funderbur		9 W.C	o11i	Dr
	ATION	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERATI	ediate) the bust. DUE TO, C	PETASTATI	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON		N IN PART 110		
	CERTIFICATION	21a. ACCIDENT WAS UNDE	7-4-2-		TOPERATION		7 %	YES NO K	IN CERTIFY YES	ING CAUSES		
	MEDICAL C	OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	AUSE OF DEATH AL EXAMINER) ED 21e PLACE [AI HOME, S] this hospital) attended to	.M. MONTH D.M. OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	ZII LOCATION STREET	N 19 84	city or to	DWN	COUNTY 9_84	that 1/2 (w	
		above (W (we) (di	d) (d) d gar view the body	r after death.		DEGREE	TTENDING HYSICIAN []	MEDICAL STA	FF /	22c. DATE		†
		Dale M	eyers, MD	23c.	NAME OF C		rankli	n Square D				
	1	BURIAL JNERAL DIRECTOR NAME	6/7, F/H Inc,	/84 Ce	edar :	Hill C	emeter 250. DATE	TY A'TH'E'WA REC'D. BY REGISTRAF		AR'S SIGNAT		Ad .

	보고 있는데 그렇게 맛있다면 맛있다면 하는데 하는데 그렇게 모든데 그 때문에 다 없었다.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be deteched for use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical examiner mystbe halfind or once.

STATE OF MARYLAND

1.	1. STATE REGISTAR 1. DECEASED NAME 1951 1.					. NO.	í.a	, ,			
(TYP)	FRAN	IK	R.	Albail G1	9157	ER ER		•	6 5	- 84	PM
3. SE	^ M		W		MONTH		YEAR 19	65	M		
	COUNTRY)				100	•		9. BALTIMORE CITY	_		- y MD.
		ATH 1	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		NOITUT				
130.	STATE	136. COUN	TY				M M			TE A	vt2/236
14. F/	FIRST	N	NDOLE	Galste	r	FI	RST			ner '^	NST .
	YES, NO OR UNKNOWN)							ster Balt	o., Md.	Avenu 21236	e
	Conditions, if ony, gove rise to improve (a), stating underlying couse	which nediote g the lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQU	ENCE OF	LECA	ZDLOH	YOPATH	1	EN IN PART I	(0
TIFICATION								20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FIND	INGS USED S OF DEATH?
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	H HOUR A.	M. MONTH D M.					NJURY IN ITEM 18 PA	IRT I OR PART 2)	
MED	WHILE NOT WE	HLE			FARM ETC)		4	CITY O	RTOWN	COUNTY	STATE
1- STATE REGISTAR 1- DECEASED NAME 1883 1-	ond from the	6-84									
A LAGE (INTERNAL AND LAND AND	ryland										

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in thy should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE #		5 %	/ 0
	CEASED NAME FIRST		MIDDLE	ı	AST	2a. DATE OF DEATH	HIMON	DAY YEAR	26 HOUR
(TYP)	MARII	E SIEN	MER	GA	RRISON	Jl	INE	02 84	3:40AM
3 SE	X	4 RACE	19	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	(DAY)	# UNDER I YEAR	
19	FEMALE	Whi	te	8 MONTH	28 05 YEAR	78	YRS	MONTHS DATS	HOURS MIN.
79.3	PTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8	1.		9. BALTIMORE CITY OF			
12	Ohio	U. S		MARRIE	DIVORCED D	BALTIMORE	CC	UNTY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N	126. KIND C	OF BUSINESS OR
-	OWSON, MD.	GBMC-6		HAR	LES ST.	Homemal		LIFE) INDUSTRY	
13a. S	STATE 136. COU		13c. CITY OR TOWN Timon:		13d INSIDE CITY LIMITS? YES NO X	304 Lochy			e 21093
14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			(A)	
		John	Siem	er	Sallie	MIDDLE			erweg
	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECURI	_	17 INFORMANT	ADDRES	55	210	
{	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	139 38 1	704	Mrs. Sally T	Chomas 730	Cha	apel Rid	ge Road
	18 CAUSE OF DEATH (Enter of	only one cause per	line for (o), (b), and (C3.1				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART 1. DEATH WAS CAUS	ATE CAUSE (b)	CARDIOGE	NIC	SHOCK				
	4100	DUE TO, O	R AS A CONSEQUEN	CE-OF I	OR MY OCARD !	AL INFADO	TIO	NI I	
	Conditions, if any, which	((b)	ACUTE IN	FEK	OR MY OCARD	AL INFARC	110	IN	
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUEN	CE OF	•				
	underlying couse lost.	(c)							
NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION G	IVEN IN PART 1	0.
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
IFIC						YES T NOT		TIFYING CAUSES	NO
CERI	216. ACCIDENT WAS UNDERLYING	216 TIME O			21c HOW INJURY OCCURR				
	OR CONTRIBUTING CAUSE OF DE	EATH	m. MONTH DAY M.	YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION			-66	
ME	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE FAR	M, ETC)	STREET	CITY OR TOW	/N	COUNTY	STATE
		oital) attended th	e_deceased from	6	/01 1984	6/02		1984	that XI (we) lost
	22a. I certify that (X (this has saw the deceased alive a above, X (we) (did) X (x)	6/0	2/84 19		nd that in XX (our) opinion o	death occurred on the da	te and h	our and from the	couses stated
	22h SIGNATURE	or view the body	offer death.		DEGREE	- Land 1970 1970		22c. DATE	SIGNED / 84
	Raymond F	J. N2	mD		ATTENDING PHYSICIAN	MEDICAL STAF	AN XX	6	/02/84
	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS				
	RAYMOND	A. NZE			GBMC-6701	N. CHARLES	ST	•	
23a.	BURIAL, CREMATION, REMOVA	L 206. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION			
-	Burial //	June	6,1984 B	orde	entown Ceme.	Bordento	wn,	Burling	ton N.J.
74. F	UNERAL DIRECTOR	round			25a DAT	REC'D. BY REGISTRAR			
J/	E. Løwell L	emmon]	Padonia &	You	rk Rds. JUN	4 1984	funa	Anthiaton-1	Justane

DHMH - 16 50M 4/B3 (VRA 15, 4)

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certificate be executed within 24 hours ofter death. Page 4 may be requires that the deoth TO HOSPITAL OR ATTENDING PHYSICIAN. The ottending physicion

n and completely filled in by the funeral director, page 3 Pages 1 and 2 should be filed within 72 hours after death

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

	REGISTRAR			CERTIF	ICATE OF DEA	N n	REG. N	D.		
	CEASED NAME	FIRST	WIDDLE		AST			MONTH	DAY YEAR 2b HC	OUR
(ITP	Sister	MAYY	EMMANU	161	CAPILE	v		6 1	141984	50
3. SE		4. RACE	Unit HIV	5 DATE C	OF BIRTH	/	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UND	ER 24 H
	FEMAIE	1134	HITE	MONTH	1 DAY	YEAR	91		MONTHS DATS HOURS	
I B	IRTHPLACE (STATE OR FOR		OF WHAT COUN	TRY2 8	16 1	983	9 BALTIMORE CITY O	YRS.	VOEDEATH	
1	COUNTRY)			MARRIE	D NEVER MAR	RIED	_	_		
10.0	TRELAN		OF HOSPITAL, NO				BALTIM		County	
12		(IF NOT	IN SUCH FACILITY, GIVE !	STREET ADDRESS]		IIION	120 USUAL OCCUPATI	F WORKING LI	12b. KIND OF BUSIN	VESS
	TEVENSON			EINF	RMARY		TEACHE	R	EDUCAT	10
	AL RESIDENCE (IF NURSING	SHOME OR OTHER INSTIT	13c. CITY OR	BEFORE ADMISSION	13d INSIDE CITY	LIMITS?	I3e. STREET ADDRESS		2115	4
M	1ARYLAND	Baltimore	STEVE	NSON			1531 GREEN	SPRI	NE VALLEY	-
14 F	ATHER'S NAME	WIDDLE		14-14-14	15. MOTHER'S M.	AIDEN NAM		AST		
1	MICHAEL	MIDDLE	CO I	RVEY	HON	OP	CRAVE		LAST	
160 V	WAS DECEASED EVER IN		ES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	SS		_
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	213-5	(MAN !!	17 SI:	ster (2. Dolores As Abo	Cre:	SS	
-	NO				14 S	AME	AS Abo	Ve.		
	18 CAUSE OF DEATH PART I. DEATH WAS	Enter only one cous S CAUSED BY:	e per line for (o), (b	ond (c).		_ ,	/ .		APPROXIMATE INT	ERVAL ID DE
	IA	MEDIATE CAUSE	o) Itul	mon	ary &	un br	olisas		2 das	75
		DUE T	O, OR AS ACONS	FOUENCE OF	16					
	Conditions, if ony, v			anare	un				8 Vears	,
	gove rise to imme	diote	0/	1	7				7	
	couse (o), stoting underlying couse	lost DUE T	O, OR AS A CONS	EQUENCE OF					/	
		((1)							
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
9										
CERTIFICATION	190. DATE OF OPERATIO	N 196 C	ONDITION FOR WI	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		S, WERE FINDINGS US FYING CAUSES OF DEA	
TIE							YES NO X	YE		
CER	210 ACCIDENT WAS UNDER		ME OF INJURY		21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P		
AL	OR CONTRIBUTING CAL	OF OF DEATH	R A.M. MONTH							
MEDICAL	21d INJURY OCCURRED		P.M. ACE OF INJURY	19	211 LOCATION					_
ME	WHILE NOT WHILE	(AT HO)	ME STREET, FACTORY OF	FICE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK									
	22a.1 certify that (1) (th			/	. 1	97/	, to		19, that #	
	sow the deceased	olive on	pody ofter depth	19 4, on	d that in (my) (ou	r) opinion de	oth occurred on the do	te ond hou	or and from the causes s	toted
	226 SIGNATURE	1	,		DEGREE				22c DATE/SIGNED)/
	1/wes/UI	vocle	corr	und	ATTE	NDING T	MEDICAL STAF	F	6/14/	Le
	220 PHYSICIAN'S NAM	E (TYPE OR PRINT)		-	22e ADDRESS	SICIAN []	DIKECTOK LA PHYSIC	IAIN []	10/1//	7
	JANC	Good	10-101			1. Pm	sel Pl.	R.1	to less.	1.
_	24/7.							THE !	14.2	12
23a E	BURIAL, CREMATION, RE				EMETERY OR CRE		23d. LOCATION	1075	COUNTY	STATE
	Buria	1 6/	16/84	Ilchest	er Cemet	ery	Ilchest	er	Maryland	JIAIC
24 EI	INTERNAL DIRECTOR						-	-	- 1	

Ruck Towson Funeral Home, Inc. 1050 York Road

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE			DEPA		EALTH AND MENTAL HYG	IEM end	6 *	12.10	-1
	REGISTRAR	HELEN	MARIE C	EBELEIN	CERTIF	ICATE OF DEATH	REG.	NO.	7	वं
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1186	OR PRINT)	HELEN	J M	ARIE		YEBELEIN		6-	5-84	10 P
1.5E	ž.		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 RS
1	Female		Whit	e	MONTH	20 93	Qr.) YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE STATE			WHAT COUNTI	RY? 8		9 BALTIMORE CITY		Y OF DEATH	
C	Marylan	nđ	U.S	. A .		D NEVER MARRIED L	Baltimo	co C		
10 CI	ITY OR TOWN OF				WIDOWE SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		F BUSINESS O
C	ctonsville		700	CH FACILITY, GIVE ST	OYSING	Han (a)	Homemake:		Own Ho	200
	AL RESIDENCE (IF			OOK N		Home	Homemake.	-	TOWN HO	ome
	aryland	O COU	VIV	Baltimo	own	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		nue 2/	206
14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
	(unk	nown)			nown)	(unkno			(unkne	own)
	WAS DECEASED E	VER IN U.S. AR	MED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORMANT		965 Edn	ondson A	
1	No	I (IF TES, GIVI	E WAR OR DATES)	217-20-	-8592	Rev. Barry				
	18 CAUSE OF D	EATH (Enter or	nly one cause pe	r line far (a), (b)	and ic	4	L (6)0	-1/		MATE INTERVAL
	PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (0)	Carela	20 VAS	uln Acced	ul-Wh	en pl	y g	
	4360) IMMEDIA		DACA CONCR	OUENICE (DE	. 1. 1				
	Canditions, if	ony which	DUE TO, C	CONSE	DUENCEOF	Allen Selen	The			
	gave rise to	immediate	(0)_	Certain		7,000	<u></u>			
	underlying c		DUE TO, C	OR AS A CONSE	QUENCE OF					
	PART 2 OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION G	IVEN IN PART 10	
Z										
CERTIFICATION	190 DATE OF OP	ERATION	196 CONE	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
Ħ							YES T NOT		IFYING CAUSES	OF DEATH?
E E	210. ACCIDENT WA	S UNDERLYING				21c. HOW INJURY OCCUR				
	OR CONTRIBUTING		410	.M. MONTH						
MEDICAL	21d INJURY OC			OF INJURY	19	211 LOCATION				
¥	WHILE N	OT WHILE	(AT HOME, S	TREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify tho		tal) attended t	ha dasaasad foa	3.	4. 82	6-	5-	10 90	that (1) (we) la
	sow the dec	ceosed olive on	5-	2 1	911	nd that in (my) (our) opinion	death occurred an the	date and he	0 /	
	abave, (1) (w	ve) (did) (did no	n) view the bod	after death.		DEGREE	1	7411	22c. DATE	SIGNED
		Cla	419		- 8.7	ATTENDING		AFF	6.1	1.84
	22d. PHYSICIAN	S NAME (TYPE O	P PRINT)			PHYSICIAN [DIRECTOR PHYS	ICIAN []	11	/ - /
	DAR	SHAN	. 5. 5	ALU	JA MA	1600 14762	oyal Aus	-, 1)	alto.	21217
23o. 8	BURIAL, CREMATI					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Buria		6/8/	84	New Ca	thedral	Baltimo			Md.
24_FL	UNERAL DIRECTO	Russe	11 C. W	itzkeporEs	meral l	Homes P.A. 250. DAT	E REC'D. BY REGISTRA	8 11 .	STRAR'S SIGNAL	
							N & 1984			

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or offending physician.

IMPORTANT: If them 21 is marked or them 18 shaws ony

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Miller Inc-6415 Belair Rd. -21205

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DHMH - 17

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#10,222 /FilmG594 8/11/8/1 kam MENT OF HEALTH AND MENTAL HYGIENE REG. NO

7-1-84

COUNTY

256. REGISTRAR'S SIGNATURED

REGISTRAR I. DECEASED NAME MIDDLE 20 DATE KNOWN X 7b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Walter 6 - 301984 Gegorek 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR 2d HOUR 8:20 IF UNDER 24 HRS DATE LAST BIRTHDAY) VEAD PRONOUNCED 30 YRS 1084 Male DEAD a. M BALTIMORE CITY OR COUNTY OF DEATH Baltimore County, 1126 KIND OF BUSINESS OR INDUSTRY ence Masters 130. STREET ADDRESS 5902 Kenwood Ave. -21237 Geoorek -5902 Kenwood Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YESXX NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

(C) 17-1-17 (S) Salto re - - sex - coccinotex ever 16. Calo. 1924. x 5902 ten por 140.-1237 neta, monder, in inia met Vistan 21-5-93/4 121. Treasa 1. 1002 - 502 horoso in unial 7- - Sacra word of vario . Lato. 11. o're . . iller Inc-115 velair 1,-125

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IMPORTANT: If Item 21 is morked or Item 18 shaws ony

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detoched for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, ar remaval.

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STATE OF MARYLAND

1.	FOR - STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	0.	8 0
	CEASED NAME EORPRINT) MATTHE	MAT'I		E.	-	GEORGE	20 DATE OF DEATH	0 /84	11 6 M
3. SE	x Male		white		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	IRTHPLACE (STATE OR F COUNTRY) Hungary		U.S.		WIDOWE		BAITIMORE CITY O	MORE COL	unty MD.
10.0	OWSON	TH 11.		HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)	COSPICE	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUS	ND OF BUTINESS OR STRY Admin.
	AL RESIDENCE (# NURS STATE Maryland	136 COUNTY Baltir		13c. CITY OR TOW TOWSON	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS Dulaney	ZIP CODE Valley Rd.	21204
14. F.	ATHER'S NAME FIRST Matthew	MIDE	DLE.	Gojdich	1	IS. MOTHER'S MAIDEN NA FIRST Maleina	WE	Ka	apishnisky
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WA		166 SOCIAL SECU 215-30-3		Paul B. Sig	mund, 105 (ESSLuthervi Othoridge	lle, Md. Rd. 21093
	18. CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), storin underlying couse	Which nediate g the	Y: AUSE (o) DUE TO, O	unsta BAS A CONSEQUE	ble cler	Angina otic cardio	VASCULAN	BETV	PROXIMATE INTERVAL VVEN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGN				- 40	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, WERE FI IN CERTIFYING CAL	NDINGS USED
EDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH		FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENIER NATURE OF INJU	IRY IN ITEM 18 PART I OR PAR	2)
Ě	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TO	OWN COUNT	Y STATE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22e ADDRESS

DEGRE

that (I) (we) last

saw the deceased alive on above, (I) (we) (did) (did not) view the bady after death

ATTENDING PHYSICIAN

STAFF MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

23d. LOCATION

23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Lakeview 6-23-84 Burial
24. FUNERAL DIRECTOR

Baltimore Maryland 1050 York Rd. 25m DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

ADDRESS Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.
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	1 -	FOR STATE		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT			2 4 0
		REGISTRAR CEASED NAME OR PRINT)	FIRST	MIDDLE .	GERMAN	20. DATE O	-	DAY YEAR 26 1
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22	Ma	RTHPLACE STATE OR FOR OUNTRY) aryland TY OR TOWN OF DEATI	U.S	S.A.	MARRIED NEVER MARR WIDOWED DIVORC	ED Balt	imore Co	
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35	130. S Ma	aryland	Baltimo	13c. CITY OR TO	WN 13d INSIDE CITY LI YES □ NO		ADDRESS / ZIP COL Holabir	d Avenue
30	Cl	harles	MIDDLE	Morning			ADDRESS	Kessle
e medice	No. V	VAS DECEASED EVER IN VES, NO OR UNKNOWN)	U.S. ARMED FORG (IF YES, GIVE WAR OR DA	1651	urity no. 17 Informant -0383 Nancy \	7. German		ne as 136
traum		Conditions, if ony, or gove rise to imme	which diote		ESPIRATORY &	isTRESS S	SYNDROME	
any injury, ar other traumo	CATION	gave rise to imme cause (a), stating underlying couse	which diote the last. DUE	ID) ADULT IN TO, OR AS A CONSEQUENCE ON TRIBUTING TO	ESPIRATORY &	EPSIS . HE TERMINAL DISEAS	SE OR CONDITION G	IVEN IN PART 11a
×	L CERTIFICATION	gove rise to imme cause (o), stating underlying couse	which diote the last. DUE last. PECANT CONDITION 196 C	ID) ADULT IN TO, OR AS A CONSEQUENCE ON TRIBUTING TO	DESCRIPTIONY DE DENCE OF MONIA - SO DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED TO T	EPSIS . HE TERMINAL DISEAS	OPSY? 20b. IF YI	ES, WERE FINDINGS FIFYING CAUSES OF E
ows any ir	MEDICAL CERTIFICATION	gove rise to imme cause (o), stating underlying couse PART 2 OTHER SIGNII 19a DATE OF OPERATK 21a, ACCIDENT WAS UNDER	which diote the last. DUE last. DUE last. PECANT CONDITION 19b C RIYING 21b T HOL LEXAMINER) 21e, P (ATHC	ID, ADULT IS TO, OR AS A CONSEQUENCE TO FOR THE UTILITY TO CONTRIBUTING TO CONDITION FOR WHICH	DESCRATORY & UENCE OF MOWA — S DEATH BUT NOT RELATED TO T H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION	HE TERMINAL DISEAS 200 AUT- YES	OPSY? 20b. IF YI	ES, WERE FINDINGS FIFYING CAUSES OF E
Item 18 shows any in		gove rise to imme cause (o1, stating underlying couse underlying couse part 2 OTHER SIGNII 19a DATE OF OPERATK 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK NOTIFY MEDICA 1 WORK 22a. I certify that (I) (the saw the deceosed obove, (I) (we) (dic on the deceosed obove).	which diote the last. DUE last. DUE last. PICANT CONDITION 19b CONDITION	ID, OR AS A CONSEQUENCE ON TRIBUTING TO CONTRIBUTING TO CONDITION FOR WHICH OR AMERICAN CONTRIBUTION FOR WHICH OR AMERICAN COPINION OF THE CONTRIBUTION OF THE CONTRIB	DESCRIPTIONY DE LES LA CONTROL DE LA COMPANSION DE LA COM	HE TERMINAL DISEAS 200 AUT YES OCCURRED (ENTER N	OPSY? 20b. IF YI IN CERT YOU WILLIAM IS CITY OR TOWN	ES, WERE FINDINGS IFYING CAUSES OF I (ES \ N I PART I OR PART 7) COUNTY 19 \ that bur and from the coust
Item 18 shows any in		gove rise to imme cause (0), stating underlying couse PART 2 OTHER SIGNII 19a DATE OF OPERATK 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTHY MEDICA 21d, INJURY OCCURRE WHILE NOT WHILE AT WORK 22a, I certify that (I) (the sown the deceased	which diote the last. DUE last. PICANT CONDITION 196 CONDI	ID, OR AS A CONSEQUENCE ON THE OF INJURY JR A.M. MONTH P.M. LACE OF INJURY AME, STREET, FACTORY, OFFICE Body offer death.	DESCRATORY DE LE	DEPSIS HE TERMINAL DISEAS 200 AUT. YES OCCURRED (ENTER N Opinion deoth occurred opinio	OPSY? 20b. IF YI IN CERT YOU ATURE OF INJURY IN ITEM IS CITY OR TOWN STAFF PHYSICIAN OF THE OPEN ATURE OF INJURY IN ITEM IS TO THE OPE	ES, WERE FINDINGS IFYING CAUSES OF I YES \(NORTHER NORT

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			Still Still		

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicial

DEI

STATE OF MARYLAND		1	1.0	147		v 3
PARTMENT OF HEALTH AND MENTAL HYGIENE	dist	9	2	8.00	0	dia
CERTIFICATE OF DEATH	REG. NO.					

Ι'.	REGISTRAR				CERTIF	ICATE OF DEA	ATH	RE	3. NO.		
	CEASED NAME	FIRST	/	AIODLE	L	AST		20 DATE OF DEA	'H MONTH	DAY YEAR	2b. HOUR
,	Sister	Maı	y Jose	phine	Germa	n 0.8	.P.	June	12,	1984	6.30 AM
3. SE	X		4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
_	Female		В1	.ack_	3	ĭ	00	84	YRS		NOOKS MILE
	IRTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MAI	RRIED 💍	9 BALTIMORE CI	_		
	minical Re	ep.	Santo		n g ambowe	DIVO	RCED 📋	Baltin	ore Co	ounty	MD.
Jan C	ITY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS1	OR OTHER INSTITU		12a USUAL OCCU	PATION OST OF WORKING	12b. KIND C	OF BUSINESS OR
_	altimore					idenceM	thous	(TYPE OF WORK FOR M	edDome	estic	
	AL RESIDENCE (IF NURSII	13b COUP		136. CITY OR TO		13d INSIDE CITY	LIMITS?	13e STREET ADDR		04.00	
	Maryland	Bal	timore	Balto	Cty		○ X	701 Gun	Road	2122	37
14. F.	ATHER'S NAME	me	MIDDLE	LAST		15. MOTHER'S M		MIO		LA!	51
	Nieasio			lelenc:		Mari			sedes	Ger	man
(MED FORCES? (WAR OR DATES)	16b SOCIAL SI		17. INFORMANT		na Kelly		(Same a	ddress)
1	10			248-96	3-3603	212161	Mall	na Kerry	, 051		
-	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	ly one cause per	lipe far (a), (b).	ond to	1. 1	7	. / 4	1	BETWEEN	ONSET AND DEATH
			E CAUSE (a)	F cul	1740	cardial	4	nyarci	ion		
	4100		DUE TO, O	RASACONSE	QUENCE OF	6'	Ho	art.	λ:		
	Conditions, if any, gave rise to imm		(b)_	+16CV	2 2 CK	ELDHIC	116	WU ,	UIS Ra	14	
	cause (a), stating		DUE TO. O	R AS A CONSE	QUENCE OF						
	7.		((c)								
z	PART 2. OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING	IO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN PART 1	a
CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	TION FOR WH	ICH OPERATIO	N WAS PERFORM	NED.	200 AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED
FIC								YES TI NO		TIFYING CAUSES	OF DEATH?
ER	210 ACCIDENT WAS UND	ERLYING [21c HOW INJU	RY OCCURR	ED (ENTER NATURE O			
	OR CONTRIBUTING C		HOUR A.	M. MONTH	DAY YEAR						
MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f. LOCATION					
×	WHILE NOT WH	ILE 🗌	(AT HOME, ST	REET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET		CITY	R TOWN	COUNTY	STATE
	22a.1 certify that (I)		tal) attended th	e deceased fro	m		1987	6	12-	1981	that (I) (we) last
	saw the decease abave, (1) (we) (d	d olive on	6-	attay doub	84,01	nd that in (my) (or	or) apinian d	leath occurred an t	he date and h	nour and from the	causes stated
	22b. SIGNATURE	or raid no	In view the body	offer death.		DEGREE			1	22c. DATE	SIGNED
	1/8	ar	Mar	as		ATTI	YSICIAN X	MEDICAL DIRECTOR PH	STAFF IYSICIAN	6	12-84
1	22d HYSICIAN'S NA	ME (TYPE O	R PRINT)	e 1 4 1	11.1	225 ADDRESS	10/1	Phons	AUR	Balt	more
	SAMBAND	AN	BA	SKAR	AN	3455		quert	ا مراا	MD 21	229
23a.	BURIAL, CREMATION,	EMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION		COUNTY	STATE
	BURIAL		6/15	/84	New C	athedra	1 Cer		more,	COUNTY	Md.
24 F	UNERAL DIRECTOR			ADDRESS	-77		25a. DATE	REC'D. BY REGIST			8
W.		F/H	Inc.		Nort	h Avenu	d .111	N 1 4 108	1 Juli	a Davidson	Mandall.

Wm C March F/H Inc, 1101 E North Avenue

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fushould be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANI: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examines must be profitted.

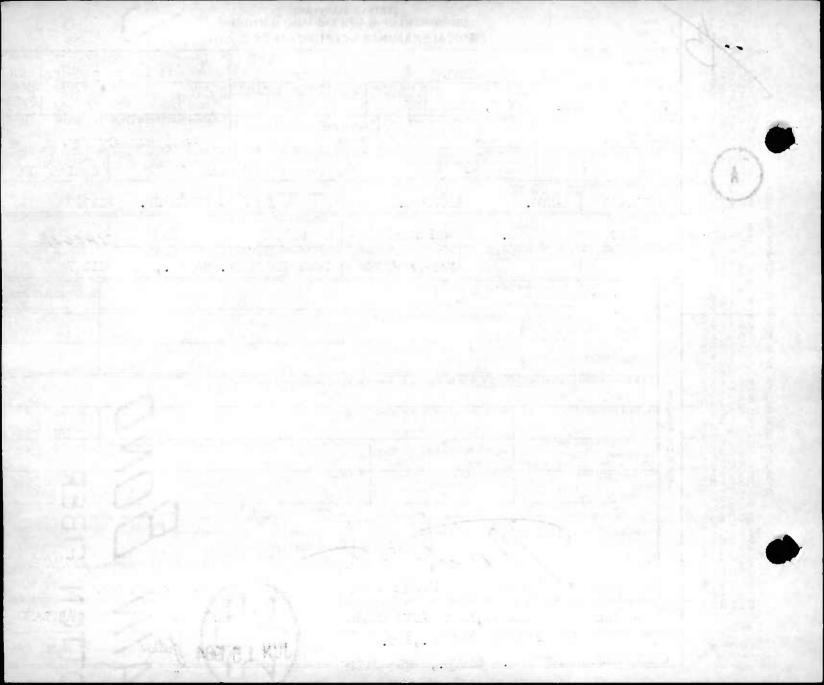
A MINISTER AND THE SECOND CONTRACT OF THE PROPERTY OF THE SECOND CONTRACT OF THE SECOND CON man a shall shall be a till

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

11-	STATE REGISTRAR		MED	DICALE	EXAMINE	R'S CER	IFICATE (REG. NO.	3	6.00	O	Ş
	CEASED NAME	FIRST		MIDDLE		LAST			20. DATE KN		MONTH	DAY	YŁAR	26 HOUR
1,00	PE OK PRINT)	Joan	BEI	RYL		Gers	nberg		OF E DEATH MA	ATED 🔯	6	9 1	9 84	. М
3 SEX	X 4	. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	YR. IF UNDER	R 24 HRS.	2c DATE		MONTH	DAY	YEAR	2d HOUR
F	EMALE	WHITE	MAY 3, 19	926	58 YRS.	MONTHS	AYS HOURS	MIN	PRONOUNCE DE AD	U	6	10	1984	골: 21
FC	IRTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUN	TRY? 8.	MARRIED X	NEVER MARE	RIED 🔲	9 BALTIMOR	E CITY OR	COUNT	Y OF DI	EATH	
N	EW YORK		USA			VIDOWED [timor				MD.
10 C	ITY OR TOWN O	FDEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE	PITAL, NUR	RSING HOME, C	R OTHER IN	STITUTION	12a USI FOR	MAL OCCUPAT	ION (TYPE C	OF WORK	OR	INDUSTR	RY
/	Essex		Frankli	in Squ	are Hos	pital	(DOA)	S00	CIAL WOLL	RKER		SOC	CIALC)GY
Ila S	AL RESIDENCE (1 STATE IARY LAND	136 COUN BALT	ROTHER INSTITUTION, GIV TY O.		OR TOWN I MORE		ISIDE CITY LIMITS?	13e STR	STOWI	E CT.	#	2120	07	
14. E.	ATHER'S NAME		MIDDLE		AST	15 A	OTHER'S MAID		MIDDL	E		L	AST	
	JACOI	3	C.	WEI	NBERG		BERTH.					YAL	EGE,	r
16a. \	WAS DECEASED	EVER IN U.S. ARA			IAL SECURITY N		FORMANT							
	NO OR UNKNOW			203-	18-2980	7	903 STO	WE CI	BALTO)., M	D	2120)7	
	18 CAUSE OF	DEATH (Enter and TH WAS CAUSED	y ane cause per line	far (a), (b),	, and (c).)							BETW	PROXIMATE	INTERVAL T AND DEATH
	III Co-		E CAUSE (a)	Asthr										
	973	7	DUE TO, OR	AS A CON	SEQUENCE OF									
		, if any, which to immediate	(b)											
	cause (a) s lying cause	tating the under-	DUE TO, OR	AS A CON	SEQUENCE OF									
	1 7,9	71331.	(c)											
_	PART 2 DINER SIGI	HEICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELAT	TEO TO THE TERMINA	L DISEASE OR CO	NDITION GIVEN IN P.	ART 1 ig						
CERTIFICATION														
O.A.	19a. DATE OF C	PERATION	196 CONDIT	ION FOR V	WHICH OPERAT	ION WAS PE	RFORMED?					2D AL	UTOP5Y?	,
- E	21g. EXTERNAL	CALIFE WAS	211 7015 05	10.1.11.153.4									ESXX	NO [
	UNDERLYING			. MONTH	DAY YEAR	21c HOW II	JURY OCCURR	ED (ENTER	NATURE OF INJURY	IN ITEM 18 PA	RT I OR PA	RT 2)		
MEDICAL	21d INJURY O		21e PLACE C	OF INJURY		21f LOCATIO	N		CITY OR TOWN		CO	UNTY		STATE
5	AT WORK	AT WORK		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/				5,11 04 10 111					31016
	22a Leastify	that I took chara	e of the semains desc	cribed abou	A held on	Autop?	Inspectio	an .	Inquiry], and	in my ap	oinian		
	death resulted		/) [VI	Accident	A. Burn	171	Hamicide .		termined manne		, , ,			
	ACCOUNTS OF THE PARTY OF THE PA		1/1/	- 1	1)4	11	LE (SPECIFY)							
	ACTUAL SIGNATURE_	-	Chan	act	1/1/1	1 V	puty Ch	nie£ED	CAL EXAMINE	ER	DATE	D 6	/10/	84
	EXAMINER'S N			0 111										
	(TYPE OR PRIN	T)	Thomas D.	Smith	1, M.D.	ADDE	ESSII	l Pen	n St.	Balto).,MI	D.		
(SPECIFBURIA		JUNE 12,1	984	AITZ CH		MATORY		CATION LTIMOR	E	COU	MTY 1	MARYI	L'AND
24. F	UNERAL DIRECT	OR SOL L	EVINSON &	BROS	TNC		25a. DATE	REC'D. BY	REGISTRAR	25 REGIST	RAR'S S	IGNATI	JRE	
	NAME		ADDRESS	DITOU	e plinte		1114	1 1 14		Felia D				

DHMH - 17 (VR A15 ME (5)) 20M 4/82

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PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the trineral should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages I and 2 should be filled within 721 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exam

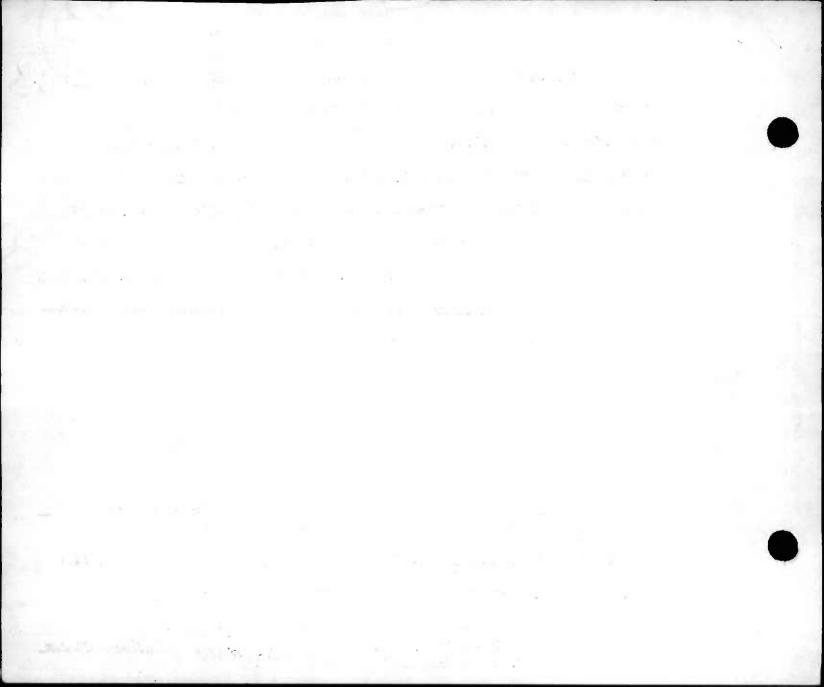
death. Page 4 may be

STATE OF MARYLAND

П	1.	STATE		DEPARIA		EALIH AND MENT		NE O ",	-	V	9
4		REGISTRAR			CERTIF	ICATE OF DEAT	Н	REG.	NO.		
		CEASED NAME FIRST	,	MIDDLE	L	AST	2	a DATE OF DEATH	HINOM	DAY YEAR	26. HOUR
N	(TEPE	BEAT	RICE		(SILMAN		JUNE 8	, 1984		3:09A.M
М	1. SEX		4_RACE		5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		FEMALE	WHIT	Έ	MÂY	29, 1920 T	EAR	64	YRS	MONTHS DAYS	HOURS MIN.
	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRI	50 0	BALTIMORE CITY	OR COUNTY	OF DEATH	
8	M	ASSACHUSETTS	U.	S.A.	WIDOWE			BALTIN	MORE CO	UNTY	MD.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTI		2a USUAL OCCUPA			OF BUSINESS OR
0		ATONSVILLE	11 UNI	ON HALL C	T. 21	.228		BOOKKEEI			UNTING
	UaUA 13a. S	L RESIDENCE (IF NURSING HOME TATE		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LI/	wits? h:	e STREET ADDRES	S / ZIP CODE		
5	MAI	RYLAND BAL	TIMORE	CATONSV		YES NO	(X)	11 UNION			28
	14_FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAII	DEN NAME	MIDDLE		LA	61
C		ABRAHAM	MIDDLE	BORANS			ARL	MODIE		UNKNO	
	16a ₩	AS DECEASED EVER IN U.S.		16b SOCIAL SECU	RITY NO.	17. INFORMANT		ADD	RESS	O T T T T T	
	N((IF YES.	GIVE WAR OR DATES)	011-14-1	891	MR. ERNE	ST GI	LMAN 11 U	INTON H	ALL CT	. 21228
		18 CAUSE OF DEATH (Enter	only one cause per	lui lor (a), (b), an	d (c).)					APPROX	OMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lang Cauch									sear
		1 1/ 50									
		1627	DUE TO, O	R AS A CONSEOU	NCE OF						
1		Conditions, if any, which gove rise to immediate	(b)_								
		cause (a), stating the underlying cause last									
			(c)								
	z	PART 2 OTHER SIGNIFICAN	I CONDITIONS <u>CO</u>	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO IT	HE TERMIN	ALDISEASE OR CC	NDITION GIV	EN IN PART I	a
	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	20a AUTOPSY?	20b IF YE	5, WERE FIND!	NGS USED
7	F							YES TI NOT		YING CAUSES	S OF DEATH?
4	ERT	71g. ACCIDENT WAS UNDERLYING	71b TIME O	DE IN HURY		1716 HOW INJURY	OCCURRE	O LENTER NATURE OF IN			140
2	1	OR CONTRIBUTING CAUSE OF E		M. MONTH D	AY YEAR		00000000	A LEGICA INVIOLE OF IT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
7	ICA	(IF EITHER NOTIFY MEDICAL EXAMIN			19	AN LOCATION					
	MEDICAL	21d INJURY OCCURRED	(AT HOME, STE	OF INJURY REET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
		AT WORK						A		Col	
		220 I certify that (I) (thus has	44	deceased from	N			-, 10	un (1987	that (I) (we) last
		sow the deceased alive above, (I) (we) (did		alter death.	, 01	nd that in (my) (aux	opinion de	oth occurred of the	date and has		
		226. SIGNATURE		/	_	DEGREE	David	ushica s	TAFF	22c. DATE	SIGNED
		Shedon (. Kau	us, n	·D.	ATTEN PHYSI	CIAN 4	DIRECTOR PHY	TAFF SICIAN 🗌	6/8	18x
		224 PHYSICIAN'S NAME (TYP	E OR PRINT)	11	_	22e ADDRESS					
		DR. SHELDON	C. KRAVI	ΓZ		UNION	MEMO	RIAL HOSP	ITAL		
		URIAL, CREMATION, REMOVA	AL 236. DATE	23 € 1	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL	6/10/	/84 BA	LTIMO	RE HEBREW	CEM	REISTERS	TOWN BA	LTIMORE	E MARYLAND
	24 FL	INERAL DIRECTOR SOL	LEVINSON	V & BROS.	, INC.		250 DATE I	REC'D. BY REGISTR.	ARIYE DEGIS	WAR'S SIGNA	Ande RE
	601	O REISTERSTOW				ND 21215	JUN	14 1984	d'and		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



20M 4/82

STATE OF MARYLAND

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FOR			
STATE			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	4	7	5	2	8	6
	REG. NO.					

1.	- STATE REGISTRAR	, , , , , , , , , , , , , , , , , , ,		ICATE OF DEATH	REG. NO.	1 3	4 0
	CEASED NAME FIRST MAR	WIDDIE	GO	LPMAN	20. DATE OF DEATH MC	-2/-84	3 HOUR
	SEX FEMALE WHITE		JAN. 3, 1915		6. AGE (IN YEARS LAST BIRTHD	IF UNDER 24 HOURS	
	MARY LAND	76. CITIZEN OF WHAT COUNT USA	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	RE COUNTY	
-	RANDALLSTOWN	11. NAME OF HOSPITAL, NUI			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE		OF BUSINESS
USU. 13a.	MARY LAND	BALTO BALTO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 8503 ALLENS	IP CODE SWOOD RD.	#2113
14.FA	JÖSEPH	MIDDLE TAPPÉ	R	15. MOTHER'S MAIDEN NA. L'ENA	WE	BERKOW	ITZ
16a V	NONO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS NE WAR OR DATES) 216-20		17 INFORMANT MRS 8503 ALLENSW	. CARLEEN RIJ	FKIN	ID 21:
NO	underlying couse lost. PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	TION GIVEN IN PART 11	0
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDING CAUSES YES	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH (ER) P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY)	N ITEM 18 PART 1 OR PART 2)	
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAI
	saw the deceased alive a above, (I) (we) (did) (did n	on the deceased from the decea	19 8 4.01	nd that in (my) (our) opinion	death occurred on the date		
	226. SIGNATURE Somela 226. PHYSICIAN'S NAME CLYPE	al Hong		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	122. DATE	2/-8
	SOON CHU	LL HON	ict	00	GEN. HOSP.	- RANDALLST	OWN, I
23a.	BURIAL, CREMATION, REMOVA			YOUNG MEN	BALTIMOI	RE COUNTY	MARYL?

DHMH - 16 50M 4/83 (VRA 15, 4)

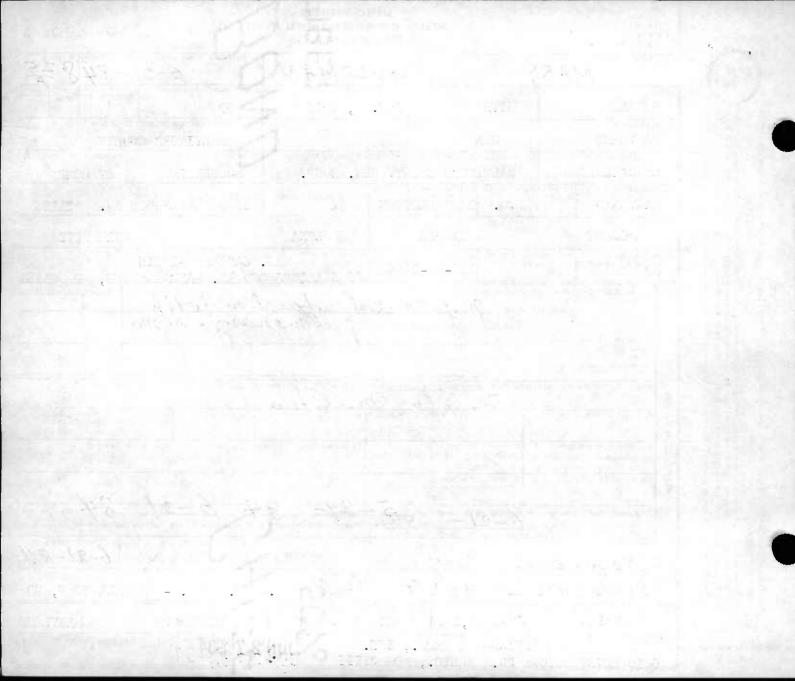
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the build-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 21215 6010 REISTERSTOWN RD. BALTO., MD

250 PATERECTO BY BEGISTRAR 250 REGISTRAR SASIGNOSTINE



X		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGI	ENE Q	P**
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	5 2 3 /
2 4		CEASED NAME FIRST HOSSEIN	MIDDLE	GOLPIRA, M.D.	20. DATE OF DEATH MONTH	13 84 12 35 M
100	3. SEX	MALE	W hite	5. DATE OF BIRTH MONTH DAY YEAR 6 -2 -3 -3 -6	6. AGE (IN YEARS LAST BIRTHDAY) 47 YRS.	# UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
197		RTHPLACE (STATE OR FOREIGN 71 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH AD MD.
by the filled with		altmore	1. NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET ST. JOSEPH	1	120 USUAL OCCUPATION (TYPE PHON SOLMOT BEWORKING LIE	12b. KIND OF BUSINESS OR INDUSTRY HOSpifal
filled in sould be	USU A 130. S	RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT MAYLAND Balti	Y 13c CITY OR TOW	VN 136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 302 & Jopi	PA RD 21204
Completely of School	14 FA	THER'S NAME FIRST M Hassan	Golpira	15 MOTHER'S MAIDEN NAM	WIDDLE	Noorie
Poges 3		VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (# YES, GIVE	ED FORCES? 166. SOCIAL SECU NAR OR DATES) 219-52	44	ADDA Towe jad, M.D. Morris	
signed by the ottending physic Then please remove carbon pape to burial, cremotion, or removal njury, or other traumatic event, th	NO	Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last.	CAUSE (a) CARCINO DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) ONDITIONS CONTRIBUTING TO	ENCE OF METAS	STASIS	(EN IN PART 110
hos beer t permit. ene prior	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?
certificate harial-transit pental Hygier tem 18 show		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19 21c. HOW IN JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18.1	PART (OR PART 2)
after this on the bull the ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN	COUNTY STATE
RECTOR: A hed for use, spt. of Healt tem 21 is mo		220 I certify that (I) (this haspite saw the deceased alive on _ above, (I) (we) (did) (did nat) 22b. SIGNATURE	06-13	(3.1)	leath accurred on the date and hau	19 A , that (I) (we) last or and from the causes stated
should be detect with the State Do		228 PAYSICIAN'S NAME (149) OR	Cremin)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
should with Odd	23u. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Westview	23d. LOCATION CITY OR TOWN Baltimore	COUNTY STATE
	24 FL	NERAL DIRECTOR NAME Ck Towson Funera	ADDRESS	1050 York Road 250 DATE	REC'D. BY REGISTRAR 25 REGIST	Maryland RAR'S SIGNATURE Auridson—Aandalle

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	1. 4			SERVICE VI	-7/11/5
an s	16,050	1		2	Wind State
		141	A Hespe	عد، تاديد،	Ba Hummer
Jan Kentlen	3 6.58			Libraria	marghed see
olynt.					
idae eysan î Marinae	A. N. A. D.	And the same A	52.4402	2/2	
48 81.	4 Ó	14 10	. 90	65-13	
		Finals: (1		
	A.S. (7				venta moneya san

V .	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8 4	0.	5 2 8	6
		CEASED NAME	FIRST		MIDDLE	l	AST	2a DATE OF DEATH	MONTH DAY	YEAR 25 HOUR	
n \21	[TYPE	OR PRINT)	SARA	Eliz	AbEth	GC	RRELL		06 05	'84 2:17 P	м
	3 SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		NDER I YEAR IF UNDER 24 HRS	_
		FEMALE		Whit	E	Jul.	A 4, 1919	64	YRS	THS DAYS HOURS MIN.	
P 20 80 1		RTHPLACE STATE	OR FOREIGN		WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY C		DEATH	_
4 55 50		MATHIAND		W.S	A.	WIDOW		BALTIMORE	E COUNTY	м.	D
1111/		TY OR TOWN OF	DEATH	/ JE NOT IN SU	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF BUSINESS OF	2
5 1 1/20	1	TOWSO	Active) A				DICAL CENTER	Housewife	JA WORKING LITE?	HOMEMAKET	
24 hours	13a. S	AL RESIDENCE IFF	136 COU	ROTHER INSTITUTION NTY	GIVE RESIDENCE BEFOR	(21014)	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	ZIP CODE	2/0/4	6
MARYLL and culture and 2 pt	JIL FA	STAN	e y	WIDDLE	MOTTIS	Sri	15 MOTHER'S MAIDEN NA	MIDDLE		MACHEC	
TIMORE, be execut on and co t. Foggs		VAS DECEASED EV		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECT		mr. Lawence	. GorrEll BE	A Air, MO	rryland 21014	
BAL coper oper oper		18 CAUSE OF DE	ATH (Enter of	nly one cause per	line for (a), (b), ar					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
ST.	1	114.16		TE CAUSE (o)	RESPIR	ATORY	ARREST				_
S t tags of the	1	1.147		DUE TO, O	R AS A CONSEQU	ence of					
de che	1	Conditions, if a		(b)_							_
¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	cause (a), st	oting the	DUE TO, O	R AS A CONSEOU	ence of					
or of the state of	1			(c)							_
No. of the last	NO.			_			NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN	IN PART Ha	
0 1 1 1	48	M:			ST CANCE		N WAS PERFORMED	20g AUTOPSY?	206 IE VES W	ERE FINDINGS USED	
A	1 8	The DATE OF OIL		110 00110		. 0. 2	TO TEN ONNED		IN CERTIFYIN	G CAUSES OF DEATH?	
4 4 4 4 4	HILLIA	21a. ACCIDENT WAS	UNDERLYING [7 21b TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NOK	PY IN ITEM IS PART I	J (_
A SA STEEL	1 4	OR CONTRIBUTING		ALIA .	M. MONTH D						
N S S S S S S S S S S S S S S S S S S S	WEDICA	21d INJURY OCC			M. OF INJURY	19	21f LOCATION				_
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requirement of physician, the this sentilities that been supported to the mental Hygenes prior to be devent at them the ond Mental Hygenes prior to be devent at them 18 Names any injury	ME	WHILE NO	WHILE WORK		REET, FACTORY OFFICE.	FARM ETC)	STREET	CITY OR TO	NWN	COUNTY STATE	
2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	AT	V-UKK				121/07. 07			0.7.	_

22a.1 certify that (1) (this hospital) attended the deceased from 6/5 sow the deceased olive on O/D
above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE

ATTENDING 22e ADDRESS

PHYSICIAN

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

EDWIN RODRIQUEZ, M.D.

GBMC - 6701 N. CHARLES

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BuriAl

236 DATE JUNE 8, 1984 23c NAME OF CEMETERY OR CREMATORY Mt. Zion MEth. Ch. CEM,

ford Co, maryland 21014

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECT hould be detached to -th the State Dept of

MPORTANT

71 FUNERAL DIRECTOR TESTET 50 W. Broadway & Williams St. Bel Air, Maryland 21014

and the first that the property of the propert

deoth certificate be executed within 24 hours offer

ATTENDING PHYSICIAN: The low

etained by the hospital or attending physician

+	1-	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND M	ENTAL HYGI		1 5	2 8	9
			FIRST	WIDDLE	ı	AST				YEAR 2b. H	IOUR
	(TYPE	SAF	RAH		GOVER	MAN		TI	INF 16. 1	984	A M
1	3. SE		4 RACE		MONTH		YEAR				
)		FEMALE			FEB.	15,		68	YRS	1	
35		RTHPLACE (STATE OR FOR MARYLAND		USA	MARRIE	DXX DIV	ORCED 🗌	BALTIMO	RE COUNTY		MD.
DO Octified	R/	TY OR TOWN OF DEATH	105	VILLAGE OI	F PINE (CT., APT	τυτιοΝ Γ. 1A	(TYPE OF WORK FOR MOST O	WORKING LIFE) IND	USTRY	
ad table		STAJE 13	b. COUNTY	13c, CITY OR T	OWN	3737					
Semine Semine	14. FA	ATHER'S NAME IGNATZ	WIDDLE	CHOME	r	F	IRST	MIDDLE		LAST	
100	16a V	WAS DECEASED EVER IN		CES? 16b. SOCIALS				NANETTE ADDRE	EY	.3112	
aed		YES, NO OR UNKNOWN)	ARACH COVERMAN TIME 6 10 AL 9 A M 10 AC 10 AC								
event, the		PART I. DEATH WAS	CAUSED BY	Car		thro	mbos	4,	8	APPROXIMATE I	NTERVAL AND DEATH
roumofic e		Conditions, if ony, v	hich ((b) CR AS A CONSE	CUENCE	>			/	oye	00
or other		couse (o), stoting	the DUE	TO, OR AS A CONSE	QUEACE OF	dock	elan	y		54	(00)
Jury, o	z	PART 2. OTHER SIGNIE	ICANI CONDITIC	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	THE TERMI	NAL DISEASE OR CON	OFTION GIVEN IN F	PART Iro	457
	CERTIFICATION	19a DATE OF OPERATION)(V) 19b.	CONDITION FOR WH	IICH OPERATIO	WASSERFOR	RMED	20a AUTOPSY?			
5 7	THE							YES NO			
48 BI B		21a. ACCIDENT WAS UNDER	ISE OF DEATH HO	OUR A.M. MONTH		21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
ed or Ite	MEDICAL	21d. INJURY OCCURRED	21e. I	PLACE OF INJURY			N	CITY OR TO	WN CO	UNITY	STATE
is mork		22a. I certify that (I) ()	nis hospitol) otten	nded the deceosed fro	D-1' /	5	. 19 74		19-8	thot)
E = 2		sow the deceased above, (I) (we) (did 22b. SIGNATURE) (did not) view th	e body after death.		-	our) opinion d	leoth occurred on the do			
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the media		4	· L.	Coloda	MI) AT		MEDICAL STAF		6/16/	84
MPORTAL		22d PHYSICIAN'S NAV	a odh	4 MO		FRAVA	SLIN S	SQ. MED.	ARTS.	BLD	4
*		BURIAL, CREMATION, RE		4				CITY OR TOWN	COUN	TY	STATE &
_	24.5	BURIAL	01 1571	/18/84 E	BALTIMOF	RE HEBRE	W CONG	BALTIMOR	L. Swids	A Rond	482
1/83	24 1	NAME		ADDRE	55		JUN	1201984	THE PERSON NAME OF THE PERSON NA	SIGNATURE	

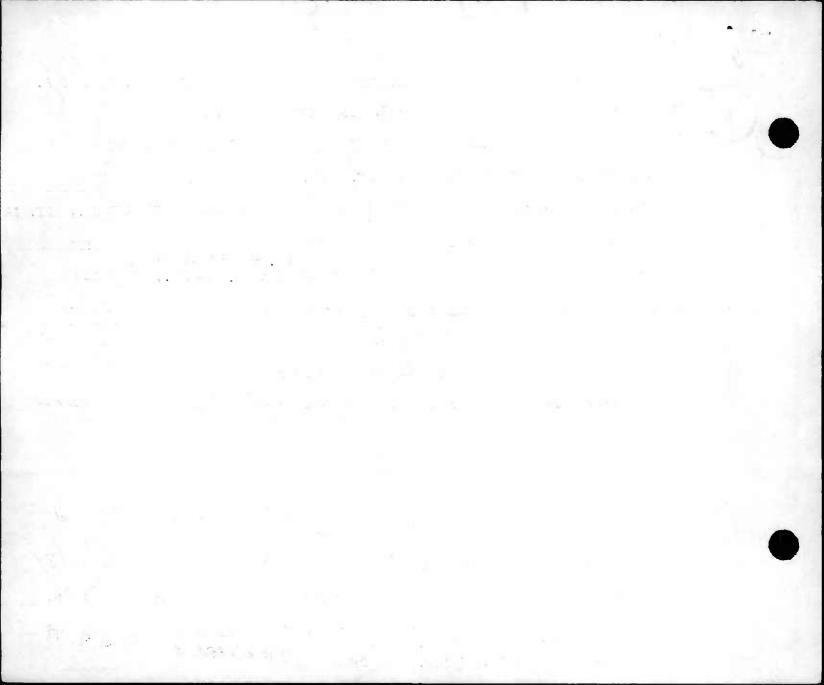
21215

DHMH - 16 50M 4/83 (VRA 15, 4)

6010 REISTERSTOWN RD., BALTO., MD.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funitheology and the buriol-transity permit. Then please remove carbonopopers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.



completely f s 1 and 2 sha

STATE OF MARYLAND

	FOR	DEPART		OF MARYLAND EALTH AND MENTAL HYGI	ENE 8 4	5	2 9	U	
l	REGISTRAR XC 020210	9)1	CERTIFI	CATE OF DEATH	REG. NO).			
	DECEASED NAME FIRST	WIDDEE	LA	ST	20 DATE OF DEATH	MONTH DAY Y	EAR 2b. HOL	UR	
	HARVEY CLINTON GRA	AVES			JUNE 29, 1	1984	12:	15 ^A _M	
3		RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT				
	MALE	WHITTE	MARCH		88	YRS	DATE	Mark.	
7	e. BIRTHPLACE (STATE OR FOREIGN 7)	UNITED STATES	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH		
1	VIRGINIA	AMERICA	WIDOWE		BALTIMORE	COUNTY		MD.	
911		NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME O	ROTHER INSTITUTION	12a USUAL OCCUPATION		IND OF BUSIN	ESS OR	
1	FORT HOWARD		CAL CEN	TOTAL S	Maintenand		ate of	F Md	
t	USUAL RESIDENCE (IF NURSING HOME OR OF 130). STATE			4	13e.STREET ADDRESS /				
Ш	130.000	TMORE XXAXXXXXXX	CO NEXTEX	YES NO TO		cadia_A	Ve 21	1155	
-	4 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	/E				
	JAMES EDWARD GRAV	IDDIE IAST		OTILLA T	WIDDIE	WHITA	KER		
ī	60 WAS DECEASED EVER IN U.S. ARM		URITY NO.	17 INFORMANT	ADDRE	SS			
ı	YES WORLD	WAR I 261 18	5042	CLINICAL RECO	RDS, VAMC,	FORT HOW	ARD, MD)	
F	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), a	ind (c)			BE	APPROXIMATE INTE	RVAI D DEATH	
l	PART I. DEATH WAS CAUSED IMMEDIATE	CARDITAC	ARREST	P					
L	NVVCD VIII	DUE TO, OR AS A CONSEQU	IENCE OF						
ŀ	Canditions, if ony, which	EXTREME		CARDIA					
ł	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF						
ı	underlying couse last	ASCVD, (
1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	OITION GIVEN IN PA	ARI IIO		
	PULMONARY EDEM	PULMONARY EDEMA, OLD CVA, PNEUMONITIS							
1	J 190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I			
1	PULMONARY EDEM 19a DATE OF OPERATION 71a ACCIDENT WAS UNDERLYING				YES NO	YES 🗌	NO [
	Control of the contro	216 TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INSUR	Y IN ITEM IB PART I OR P	ART 2)		
1	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19						
1	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					

AT HOME STREET, FACTORY OFFICE FARM ETC |

1211 LOCATION

CITY OR TOWN

1981 and that in (pw) (our) apinian death accurred on the date and have and from the causes stated

COUNTY

22c. DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

JUNE 29.

STATE

PHYSICIAN

22e ADDRESS

13c NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING

VA MEDICAL CENTER, FORT HOWARD, MARYLAND 234 LOCATION CITY OR TOWN

COUNTY STATE

230. BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

ould be detache it the State Dep ORTANT, # Hs

ELINE TYNEZAL Home

NOT WHILE

224. PHYSICIAN'S NAME (TYPE OR PRINT) PRADIP KANANI, M.D.

22a L certify that X (this hospital) attended the deceased from

saw the deceased alive on JUNE 20 above (M) (we) (did) (M) (Q) view the body after death.

236. DATE

7-2-84

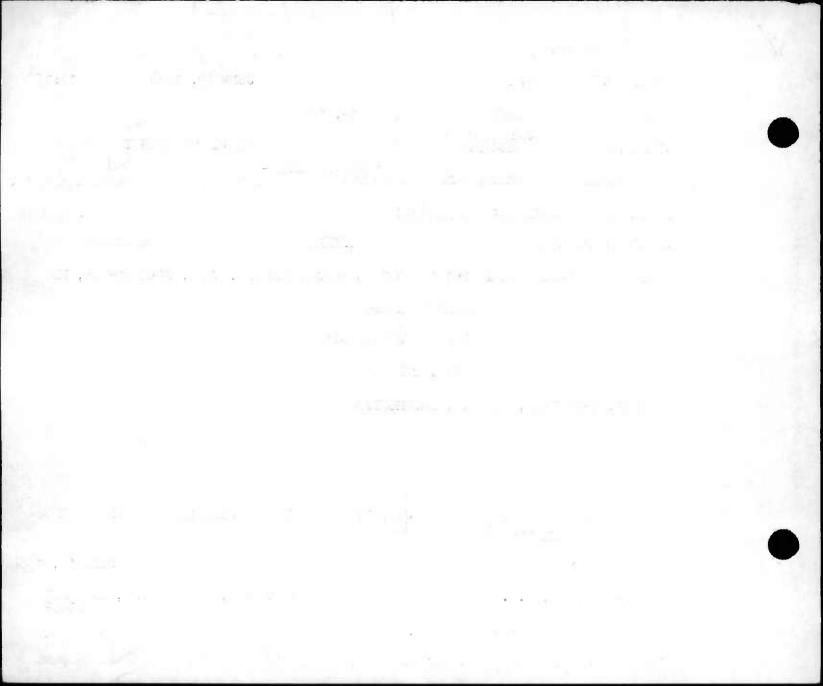
HAMPSTEAD

Cemetery Upperco Balto

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 2 984

M. Maridson-Rem



centrate be executed within 24 hours offer ATTENDING PHYSICIAN, The

TO FUNERAL DIRECTOR, After the certificate has been upped by the attending physician and completely filled in by the funeral director should be detacked for use as the buriol framest permit. Then please remove carbon appears. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygnere prior to buriol, cremation, or removel.

injury, or other troum

IMPORTANT: # Item 21 is marked or arm 18 show

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	i,
CERTIFICATE OF DEATH	

8 44 5 2

	REGISTRAR				CERTIF	CATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	1	MIDDLE	L	AST			AY YEAR	26 HOL	JR 2
177005	OR MINNS	Ruth	7.	B.	Gr	av	6-2-	84		750	HM
1.50	F	4.	RACE	,	S DATE O	F BIRTH DAY PEAR YEAR PAR PAR PAR PAR PAR PAR PAR	6 AGE IN YEARS LAST BIR		ONTHS DAYS	IF UNDER	AIN.
	RTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		1
K	IARYLAND		U- 5	. A.	WIDOWE	DIVORCED [Baltin	ore		WI	MD.
10. CI	BALTO.	EATH 1			URSING HOME O STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATI	F WORKING LIFE			
1	0.114101		Pers	ing t		Nursing Hon	SEAMST!	255	1-AC	TOR	7
13a S	AL RESIDENCE (IF NO	136 COUNT		13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	ST.	212	18
14_FA	THER'S NAME		ODLE D	LAS	at Comment	15. MOTHER'S MAIDEN NA	MIDDLE		LA	ST	
	7	EORGE	BEI					WALK			
	VAS DECEASED EVE YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	217-0	SECURITY NO.	Mrs. Jolly He	rberson - 56			21211 N Ba	rd.
	18. CAUSE OF DEA	TH (Enter only WAS CAUSED	ane cause per	100 10 10 10 V	by ond it not	1 malia	n Oxica -		APPRO) BETWEEN	XIMATE INTE	RVAL DEATH
	1991		CAUSE (a)	1/6/1	7 141	2 11/11/3	MARCH				
	Condition 1	121	DUE TO, O	R AS A CON	COUENT OF	Ce12-			PA		
- 3	Canditions, if an gove rise to in cause (a), star	nmediote	(b)								
	underlying cou		DUE TO, OI	RAS A CONS	SEQUENCE OF						
	PART 2. OTHER SIG	GNIFICANT CO	NDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER!	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	(a)	
ON O											
CERTIFICATION	19a DATE OF OPER	ATION	196. COND	TION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI		
ET I							YES NO	YES		NO [
	21a. ACCIDENT WAS U		HOUR A.	FINJURY M. MONTH		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM IB PA	RT I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY ME		P.		19	21f. LOCATION					
ME	WHILE NO!	WHILE			PFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY		STATE
	22a.1 certify that	ORK L	l) atten el∈ d th	e deceased f	rom 5/	P- 10 '84	10 6/	2/8	4	, that (f) (we) last
		ed alive an_ (did)(did nat)	-	affer death.	Cill.	d that in (my) (our) apinion	death occurred on the de	ate and hour	and from the		
	226. SIGNATURE	(diaptala har)	T / D	differ death.	10 0	DEGREEN			22s. DATE	SIGNED	
	Maxi	rest 1	Upri	8	ya Me	ATTENDING PHYSICIAN	MEDICAL STAI		6/	4/8	4
	ANTHO	XILI F	CA	ROX	ZA	1801 Went	THUNK R	(1311)	toma	211	34
	BURIAL, CREMATION	, ,	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	1.	COUNTY		STATE
	BURI	AL	6-6-	84	LORRAI	HE PR. CEM.	BALTO	, Mo	*	- 11	

DHMH - 16 50M 4/83

retained by the haspital or attending physicia

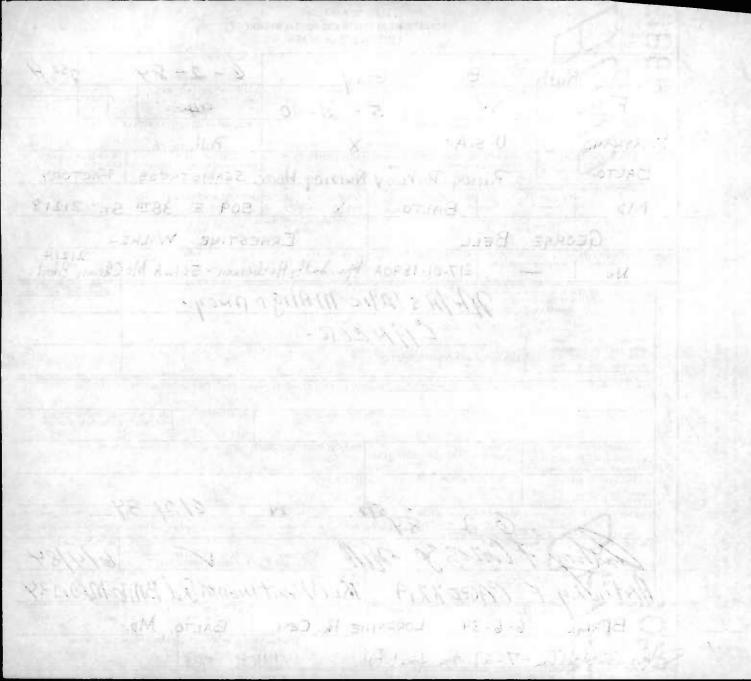
TO HOSPITAL

BP.

NAME TO (VRA 15, 4)

- 7527

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 108/



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	SISTRAR				CERTIFI	CATE OF D	EATH	REG. NO).		
1. DECE AS		FIRST	WIDOLE		LA	ST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TIPE OR PR	IN I I	Ella	C.	•	GR	EENE		Ju	ine 20, 1	1984	12:55pm
3. SEX		1	RACE		5. DATE O		YFAR	6 AGE (IN YEARS LAST BIRT		DAYS	IF UNDER 24 HRS
	ema le		cauc.		06H	őž	1912	72	YRS		
To. BIRTHP	LACE (STATE	OR FOREIGN 7	b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	□ NEVER A	AARRIED 🗆	9 BALTIMORE CITY O	_	EATH	
	arylan		U.S.A		WIDOWE	DI DI	ORCED [Baltimore	- 4		_ MD.
1	altimo		1. NAME OF HOSP (IF NOT IN SUCH FACIL Franklin	LITY, GIVE STREET A	ACORESS)		TITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homema ke)	WORKING LIFE) IN	S. KIND O DUSTRY	F BUSINESS OR
13a. STATE		NURSING HOLLEN	THER INSTITUTION GIVE RI 13c. C	ESIGENCE BEFORE CITY OR TOWN altimon	N I	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS / 356 Elrino	St. 212	24	
14. FATHER	S NAME		IDDLE	LAST			MAIDEN NA	ME		ŁAS!	
Hen	, mo	~	IDDIE	Bart1	ing		nanda manda	MIDDLE		Wi.	lson
	DECEASED E	ER IN U.S. ARA	NED FORCES? 16b S	SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRE	SS		Balt.Md.
No	ORUNKNOWN	(IF TES, OIVE	WAR OR OATES			Thomas	P. Gre	eene - 3341	Garnet	Rd.	21234
18. C	AUSE OF D	ATH (Enter only	one couse per line fo	or (o), (b), one rebroVa	d (c).1					APPROXI	MATE INTERVAL
PAR	T 2. OTHER S	IGNIFICANT C	DUE TO, OR AS A	IBUTING TO D		NOT RELATED	TO THE TERM	inal disease or conf	DITION GIVEN IN	PART 1co	,
CERTIFICATION 190 [DATE OF OP	RATION	196 CONDITION	FOR WHICH	OPERATION	I WAS PERFO	RMED	20a AUTOPSY?	206 IF YES, WER IN CERTIFYING YES		
0.00	ONTRIBUTING	UNDERLYING CAUSE OF DEAT	HOUR A.M.		Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)	
WEDICAL AND	INJURY OCC	T WHILE WORK	21e. PLACE OF IN (AT HOME, STREET, FA		ARM, ETC)	21f LOCATION STREET)N	CITY OR TO		OUNTY	STATE
			ol) ottended the dec			20	. 19_84		20 19		thot (we) lost
	saw the dec	eosed alive on (did) (da na	June 20 Lyview the body after	deoth.			(our) apinion (deoth accurred on the do			
	SIGNATURE	NAME (TYPE OR	n 44	de		EGREE		MEDICAL STAF DIRECTOR PHYSIC	F	2c. DATE	ne 20,198
120			ler M.D.					lin Square	Dr 212	27	
	L, CREMATIO	ON, REMOVAL		23c N	IAME OF CE	METERY OR		23d LOCATION			
(SPEC IF	Buria		06/23/8	4 S	acred	Heart	Jesus	CITY OR TOWN	Baltimor	e	Md.

DHMH - 16 50M 4/83

BP.

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages Fand 2 should be with the State Dept: af Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

Walter Dabrowski - 1005 Dundalk Ave., 21224

1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1984 Julia Davidson-Randalle

and the second s and the state of t All All a phinister v hotels had builded egracia frijaans frinsk I MAKE B. CERAL - SPAR OFFICE ON. SIDE ability promising 652 LE-1178 Male processing a broad a suggestion of the

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 having

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonappers. Pages 1 and 2 should be 1 led within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical

ner mustipe notified at ones.

	STATE OF MARYLAND		8
	NT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE	
Ruth	IAST no goni	20 DA	TE (

	1-	STATE REGISTRAR	DEPAI	CERTIF	EALTH AND MENTAL HY	REG. NO	D		
		CEASED NAME FIRST M	innie Ruth		SGregory	2a DATE OF DEATH	6 3 C		26. HOUR 0/3 4 M
	3. SEX	F	1 RACE	S. DATE C		6 AGE (IN YEARS LAST BIR		INDER TYEAR	IF UNDER 24 HRS HOURS MINL
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City o		C V V	MD.
2	10 CI	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		General Hos	12a USUAL OCCUPATI	F WORKING LIFE)	126 KIND OF INDUSTRY Restai	arant ,
5	13a. S	AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUP M. C.	OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS	ZIP CODE	2B-1	F. Md.
0	2		MIDDLE LAST	flin	15. MOTHER'S MAIDEN N. FIRST	/ W MIDDLE			120045
		VAS DECEASED EVER IN U.S. AR (es. no or unknown) (IF yes, GP NO	E WAR OR DATES!	Y-3217	Margie Slev		2420	od, Md	ore Lane . 21040
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHI	QUENCE OF		2 3 Pase MINAL DISEASE OR CON 200 AUTOPSY?	20b IF YES, W	VERE FINDIN	GS USED
	RTIFIC					YES NO	IN CERTIFYIN	X	NO [
/	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE AT WORK AT WORK	ATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	19 CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		saw the deceased alive ar abave, (1) (we) (did) (did no 27% SIGNATURE	as Heil M	84 . or	nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN		FF _ /		
		Janes Thomas	of Heisen M.	۵.	300 1 S. Ha	Nover Bo	CTIMON	e MD	21230
	Bi	SURIAL, CREMATION, REMOVAL SPECIFY) UPIAL UNEAL DIRECTOR		Memory	EMETERY OR CREMATORY t View Gardens King St 250 DA	23d LOCATION CITY OF TOWN Martins TE REC'D. BY REGISTRAR	burg Be		

BP.

etained by the hospital or attending physician.

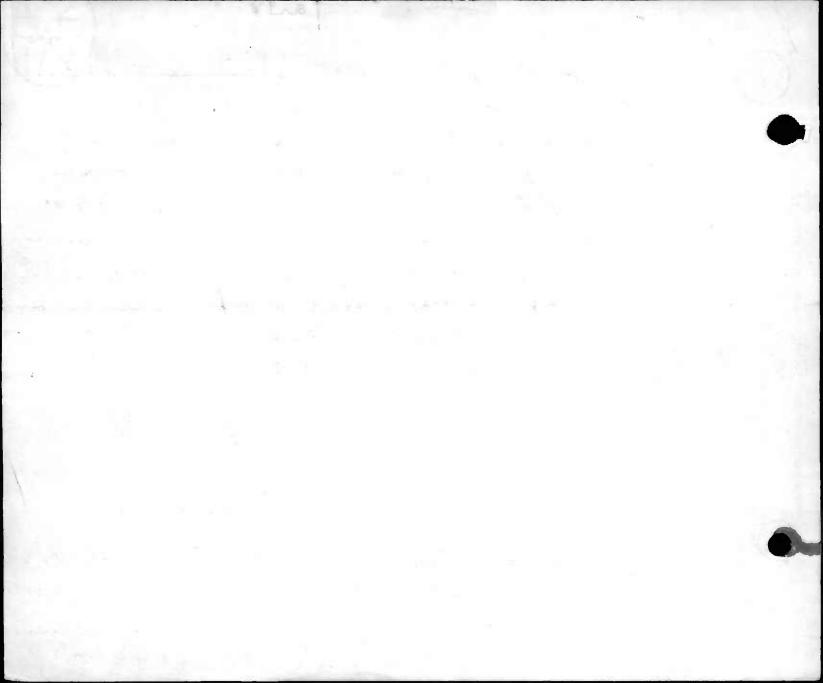
TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

Charles M. Brown

Martinsburg, W. Va

1984 Sulia Davidson-Rindalla



T	FOR STATE REGISTRAR		E	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	REG.	NO.	5	2	9	6
	I DECEASED NAME	EIRST	ANIDDLE	TAST	a DATE (DEDEATH	MONTH	DAY	YEAR	Th HOUR	f

and the same of th	I DE	CEASED NAME FIRST	WIDDLE	LA	57	12. DA	TE OF DEATH MONTH	DAY YEAR	In HOUR A
1 100		OR PRINT) EARL	0.	GF	3085,	SR.	06-10	-84	7:04 A
	3. SE	Male	White	S DATE O	F BIRTH	YEAR)	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	FUNDER 24 HRS HOURS MIN.
dire	7a. Bi	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	3/	L-BAL	TIMORE CITY OR COUNT	Y OF DEATH	
72 2	M	GRY CAND)/(A	MARRIED	•	NED LIDA	LM MOUNT	74	MD.
9	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			ION 12a US	UAL OCCUPATION F WORK FOR MOST OF WORKING LI		F BUSINESS OR
20	1	NUSUU	5TJOSEPH	HOSOI	THE		ispatcher		spaper
21	130	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO		13d. INSIDE CITY LI	1 (2)	REET ADDRESS ZIP COD	EUDON R	3 21204
S A	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAI		MIDDLE		
320	/	William He	enry Gro		Mar	ry	Margaret	Brad	
medico	7/1	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 220-09		Dorothy	E. Gro	ss8508 Drui	boowm	Rd.21204
the		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b)	nd (c).)	1000	1000	De se A		MATE INTERVAL DNSET AND DEATH
event		PART I. DE ATH WAS CAUSE		NCU	WK DE	72.KKJ	HMIA		
ptic		4100	DUE TO, OR AS A CONSEQ	UENCE-OF A	1 INIT	ARTIC	N I		
troum		Conditions, if any, which gove rise to immediate	(b) Myo CA	RUIA	V INY	Produce	10,		1
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF					
ury, or	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO I	HE TERMINAL DI	SBASE OR CONDITION GI	VEN IN PART III	31-
ony in	ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	120 10	AUTOPSY? 206. IF YE	S, WERE FINDIN	ICS LISED
S. A.	CERTIFICATION	THE DATE OF OTERATION	178 CONDITION TOR WINC	TOPERATION	WAS PERFORMED	YES	IN CERTI	FYING CAUSES	
8 /		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LITTACALA AL ALCOLITA	DAY YEAR	21c HOW INJURY	OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
Fea	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES	P.M.	19	21f LOCATION				
ed or	ME	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OF TOWN	COUNTY	STATE
		220 Leartify that (I) (this base)	ital) attended the deceased from	005-	23-10	94	06-11	1084	that (i) (we) last
		saw the deceased alive of	06010 19	247 18.	d that in (my) (our)	apinian deoth oc	curred an the date and ha		, , , , , ,
E		22b. SIGNATURE	t) view the bady after death.	7) [DEGREE			22c. DATE	
=		Wan you	annoone	/ /		ICIAN MEDI	CAL STAFF	06-1	10-64
1		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	111	22e ADDRESS	- 1000	14.00	11	1 2 10
MPORTANI		CESMIC	G. GRIVNZOA	1000	>7.70	SEPH	1103411A	0	
-	230 E	SURIAL, CREMATION, REMOVAL			METERY OR CREM		LOCATION CITY OR TOWN	COUNTY	STATE
		Burial JNERAL DIRECTOR	June 13, 84M	arylar	ndVetera	nsCerhe	tery Garris	sonFor	rest, MD
83			nson8521 Loc	h Pozz	n Place	JUN 1	BY REGISTRAR 25h. REGIS	avidson-1	allarace
	-113		TIPOTTO JET TIOC	11 May	TI DIVU		U U		

And the second s TO THE CONTROL OF THE PROPERTY OF SECURITY CARS AND A LEGISLATION OF THE PROPERTY OF THE PROPE TRANSPORT CORPORATION TO BE THE DIMENTS Market Co. Co. Carleto C. Carleto

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral differ should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

		FOR	
l	-	STATE	
		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

	REGISTRAR				CERT	IFICATE OF DEATH	RE	G. NO.			
	CEASED NAME	FIRST	,	AIDDLE		LAST	2a DATE OF DEA	Н момін	DAY		26 HOUR
	OR PRINT)	JAMES		Edwa	rd G	ROVER, JR.		06	22	84	2:45
SE)	MAIE	4	RACE White	E	MON	OF BIRTH OF BIRTH OF BIRTH YEAR YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
	RTHPLACE (SLATE OR COUNTRY) HATTICE	FOREIGN 76	CITIZEN OF		ITRY? 8.	IED X NEVER MARRIED	PN A 1 PP 1	TY OR COU		ATH	
0. CI	TY OR TOWN OF DE	d	6701	H FACILITY, GIVE	URSING HOME STREET ADDRESS) ARLES	OR OTHER INSTITUTION G. B. M. C. STREET	120 USUAL OCCL (TYPE OF WORK FOR M	PATION OST OF WORKIN	GLIFE) INDL	JSTRY	BUSINESS OF
30. 5	AL RESIDENCE (IF NUE	13b COUNT	Y	13c. CITY OF		YES NO X	3929 Co			7	103
4. F.A	THER'S NAME FIRST	Edwar	d G	OVEC,	-	15. MOTHER'S MAIDEN	A MAE		Goa	don	
	VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)		SECURITY NO	mr. James E.	347	DDRESS 9 Conci Hington	Mary	and .	21034
CATION	PART 2 OTHER SIG					ON WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE	FINDIN	
CAL CERTIFI	21a ACCIDENT WAS UP OR CONTRIBUTING (# EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	H DAY YEA	R	YES NO	79	YES 🗌		NO []
MEDI	WHILE NOT WAT WORK	MILE ORK	21e PLACE ((AT HOME STR		OFFICE FARM, ETC)	211 LOCATION STREET	CITY	OR TOWN	COU	NIY	STATE
					1					4	
	saw the decea abave, (I) (we)	sed alive an_	LUNE	スエ	C 6.1	and that in (my) (aur) apin	ian death occurred an i				
	saw the decea abave, (I) (we) 22b SIGNATURE	sed alive an (did) (did not)	view the body	スエ		and that in (my) (aur) apin DEGREE ATTENDING PHYSICIAN	G MEDICAL	he date and		DATE S	
	saw the decea abave, (I) (we)	Sed alive an_ (did) (did not) AME (TYPE ORE MCG	view the body	ZZ ofter death.	19.34	and that in (my) (aur) apin DEGREE ATTENDING PHYSICIAN 22e, ADDRESS	MEDICAL DIRECTOR PH	STAFF SYSICIAN	220	DATES	1GNED 22/87

DHMH - 16 50M 4/83 (VRA 15, 4)

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OF JULY TO THE SALTINES MEDICAL OFFICE

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20M 4/82

STATE OF MARYLAND



Antimore, May 25, 1505-ed

Sattimore on the Elizabeth Action of March 1877.

Henry - Guta ath Elizabeth Action - 21207.

Wo - 215-03-842 Rev. Gien E. Wedgers-5/55 Femines

after death

DEP

STATE OF MARYLAND			1	See .	-)	()	1
ARTMENT OF HEALTH AND MENTAL HYGIEN	ding		1	~	600		
CERTIFICATE OF DEATH		DEG NO					

	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG			Gas 1	
-	I. DECEASED NAM	E FIRST		BIDDIE		AST	REG. N	MONTH DA	Y YEAR	21 110110
	(TYPE OR PRINT)	CARL	T	WIDDLE	1	HAAG				900AM
1	3. SEX		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	MAL	-E	WHI	TE	DECE	HBE R 30, 1917	66	YRS.	INTHS DAYS	HOURS MIN.
Ź	70. BIRTHPLACE (COUNTRY) Ohic	STATE OR FOREIGN		WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY C	12.	T11
	18. CITY OR TOWN		U.S		WIDOWE	DR OTHER INSTITUTION	12a USUAL OCCUPAT	-	LOUN	F BUSINESS OR
	Tows	ON	ST.	JOSE P	ADDRESS) 5	HOSPITAL	(TYPE OF WORK FOR MOST			F BYSINESS OR
	Maryland	13b. COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1106 Arrar		Balto	21239
	14 FATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST	MIDDLE		ŁAST	1
	16a WAS DECEASE		MED FORCES?	16b SOCIAL SECU	RITYNO	17. INFORMANT	ADDR	ESS		
	(YES, NO OR UNKN	OWN) (IF YES, GIV	W 11	578 01 7		Carol Marie	Haag 1106 A	rran R	d Balt	o 21239
	18 CAUSE O	F DEATH (Enter on	ly one couse per	line for (o), (b), on-	d (c).)				BETWEEN O	MATE INTERVAL
	PART I. D	EATH WAS CAUSE	D BY: TE CAUSE (o)	The .		Non Hadakin'	· (-1- al			140
		IMMEDIA					1			
	C= Pri		,	R AS A CONSEOU	NCE OF					
		if ony, which to immediate	(b)							
		stoting the cause lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
9	onderlying	coose lost.	(c)							
		ER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
0	19a DATE OF	OPERATION	119h COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUDOPSY?	Tanh IF YES	WERE FINDIN	GSTISED
	5	OI EKATION	170. CONS	more tok of her	OFERATIO	WASTERT ORMED		IN CERTIFY!	ING CAUSES	OF DEATH?
Ц	RT						YES NO	YES		NO 🗌
	00.0001000000000	ING CAUSE OF DEA		M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	
	(IF EITHER NO	TIFY MEDICAL EXAMINER		M.	19					
	(IF EITHER NO.	OCCURRED	21e. PLACE			211 LOCATION	CITY OF IC	ww	COUNTY	STATE
	WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIREET	CITONIA			31410
		that (I) (this hospi	tal) attended th	e decensed from	11	19.8)	_ to June	15	84	that (I) (we) last
	sow the	deceased alive an			A	nd that in (my) (our) apinion		ote and hour c		
	22b. SIGNAT	URE	4			DEGREE			22c DATES	SIGNED
	0	ut.	day	ent		ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN [()	19/84
	22d. PHYSICI	AN'S NAME (TYPE O	PRINT)			22e. ADDRESS				
	A-M	w A	Serpica			St Juseph	Unip 7	Town-	MP	21204
	23a BURIAL, CREM	ATION, REMOVAL	236 DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	(SPECIFY)	Burial	June :	23'84 5	t Mar	v's	Elvria	Ohio		SIAIC
	24 FUNERAL DIREC	CTOR				JUNA		256. REGISTRA		JRE
	Harry H	Witteles 4	112 001	ADDRESS	m114-		of the state of	ha Davide	ion-Rand	lack-
	merry II	HILLIKE 4	TITE COT	umbia Rd	FILLC	OLE CLEY				

DHMH - 16 50M 4/83

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital ar attending physician.

(VRA 15, 4)

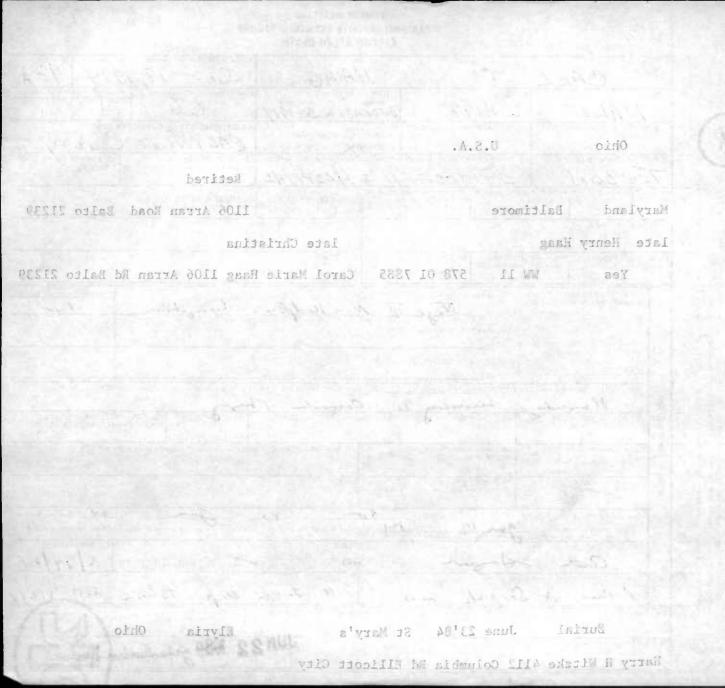
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injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem, 18 shows any

Harry H Witzke 4112 Columbia Rd Ellicott City



executed within 24 ho-

certificate be

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

	STATE OF MARITAND
OR	DEPARTMENT OF HEALTH AND MENTAL I
TATE	CENTIFICATE OF NEATH

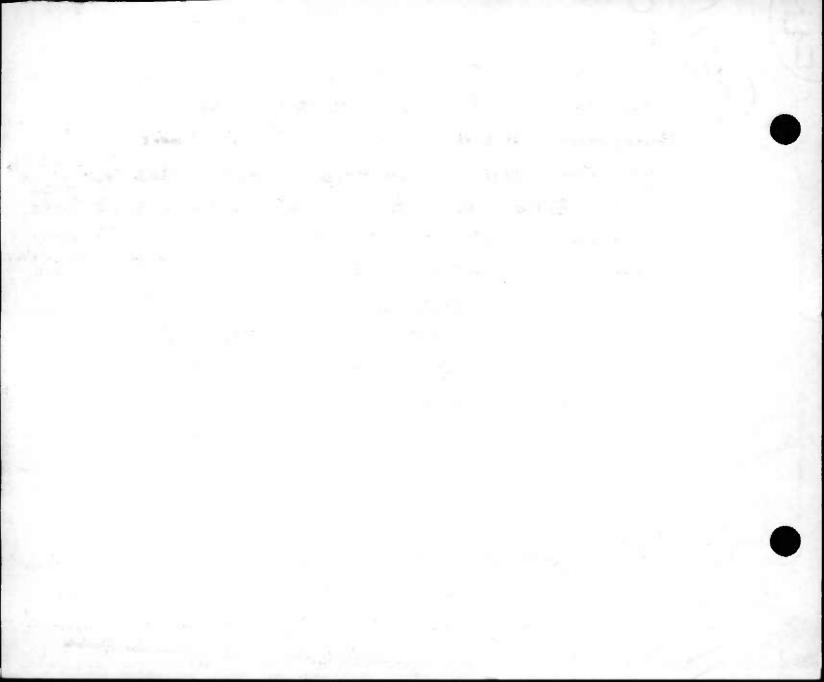
HYGIENE

' -	REGISTRAR				CERTIFI	CATE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST	MIDDL		LA.	ST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
11176	ORPRINI	MYR	AE	. 14/	195	EN		6 4	484	6-03PM
3. SE	Χ	4.1	RACE	5	DATE O	F BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER LYFAR	IF UNDER 24 HRS
1	Femal	e	Whit	2	MALC	4 26, 1904	80	YRS.		12.00
7a. Bi	RTHPLACE (STATE CHE COUNTRY)	TOREIGN 76	CITIZEN OF WHA	T COUNTRY? 8	MARRIED	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	-	1
15	ennsyLVA		U.S.	۸.	VIDOWE	DIVORCED	BAL	Timore		
R	andalls?	own		PITAL, NURSING		HOSO.	TYPE OF WORK FOR M	OST OF WORKING		HOUT WAY
	AL RESIDENCE (IF NUR STATE	136 COUNTY		RESIDENCE BEFORE AD CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	7	Z1136 CiveLe
2"	Frederic	K MID	DIE HA	9A Seu		15 MOTHER'S MAIDEN NAME EMM	MIDI	DLE	HO	900
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME	AR OR DATES)	SOCIAL SECURIT		Judith H	arven	HI2I Rus	Person	Brook Ci
- 3	18 CAUSE OF DEA			for (0), (b), and (c1, 1				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED B IMMEDIATE (and the same	ARDIC	PU	LMONAR	Y AK	RESI		
1	4270	5	DUE TO, OR AS	A CONSEQUEN	CE OF	,	,			
1	Conditions, if any		(b)	CAR	0119	C ARRY	YTHA	7/9		
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause last. (c) PEDMANENT PACEMAKER									
z	PART 2. OTHER SIG	NIFICANT CON	NDITIONS CONTI	RIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART 1	0
18	19g DATE OF OPERA	TION	TA 7	LE STILL	SOL DEPATION	N WAS PERFORMED	20a AUTOPSY2	20h JE VE	S, WERE FINDIN	JCS LISED
CERTIFICATION					LKATIOI		YES NO	IN CERT	IFYING CAUSES	
	2)a ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	JURY MONTH DAY	YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL	WHILE NOT WAT WORK AT WORK	ние 🗍	21e PLACE OF II (AT HOME, STREET, F	NJURY Factory, Office, Fara	A ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	22a I certify that (I						, to			that (1) (we) last
		sed alive on did) (did not) v	iew the body ofte	r death.	, on	d that in (my) (our) apinion	death accurred an i	he date and ha		
	HEFELL	-2	Lyes	Ja "15		ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	6/4	SIGNED 184
	HAFE	FZ	A S	YEDA	1'))	BALTIMOR L	COUN	TY BE	N H	080
23a. E	BURIAL CREMATION	, REMOVAL	23b. DATE June 7,19	184 le	ME OF CE	METERY OR CREMATORY The dval Ce	23d LOCATION BAL		, WAV	y LANd
24 FL	NAME S	00.	de	DADDRESS .	- 11	7.1/2 Land VVI	e rec'd. By regist	RAR 256. REGIS		85

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and is should be detached for use as the burial-transit permit. Then please remove cortion paper. Fager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



requires that the death certificate be executed within 24 hours after death

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the hospital or attending physician

and completely filled in by ond 2 sho

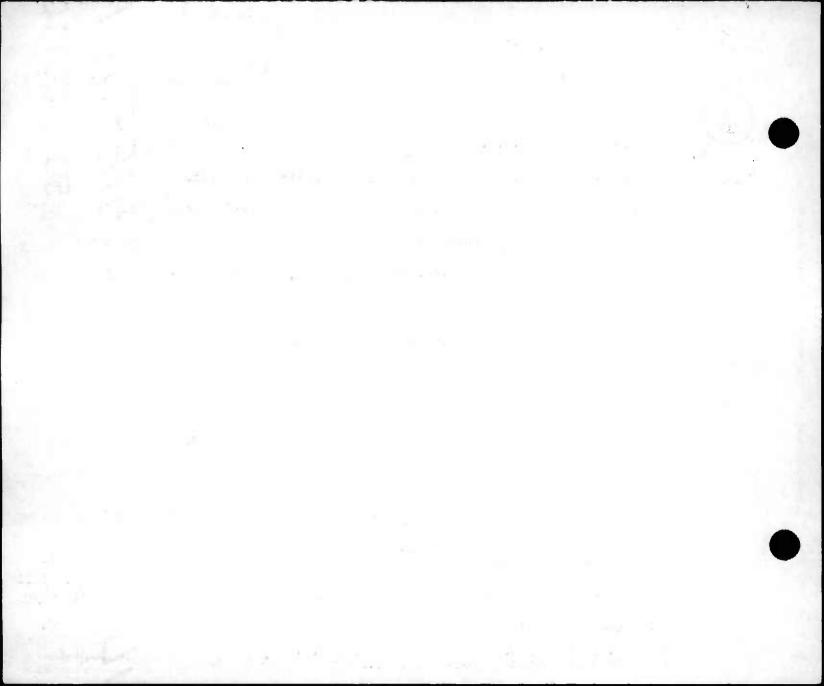
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STATE OF MARYLAND

EP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTI	FICATE	OF	DEATH	

	REGISTRAR A	NNA E.	HAID		EKIIF	ICATE OF DEATH		REG. NO.			
	DECEASED NAME	FIRST	٨	AIDDLE	L/	AST	2a. DATE OF D	HINOM HTA3C	DAY YEAR	2b. HOUR	-
(1	YPE OR PRINT)	ANN	4	E	H	AID		6-3	5-84	103PM	1
3.	SEX		4. RACE	5.	DATE O		& AGE IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	_
L	Fem	ale	h	/ hite	10		76	YRS.		HOURS MIN.	
7a.	BIRTHPLACE (STATE OR	FOREIGN	TO CITIZEN OF	WHAT COUNTRY? 8.	AA A DD IE s	NEVER MARRIED	9 BALTIMOR	ECITY OR COUNT	OF DEATH		_
2	Illinois		U.S.A.	V	VIDOWE	DIX DIVORCED	Baltin	more Coun	ty	MD).
10.	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSING I H FACILITY, GIVE STREET ADD		R OTHER INSTITUTION	120 USUAL OC	CCUPATION FOR MOST OF WORKING LI	126. KIND (FE) INDUSTRY	OF BUSINESS OR	
	Randallstow	m	Baltimo	re County	Gene	eral Hospital	House	wife		Home	
U	UAL RESIDENCE (IF NUR	SING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADI	MISSION	13d. INSIDE CITY LIMITS?	12. CEDECT AS	SORCE / ZID COD	-		-
-	Maryland		imore	Woodlawn		YES NO X	5607	DDRESS / ZIP CODE Windsor M:	lll Roa	d 21207	
14	FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	WIDDLE		ct	
	Henry		NOUCE	Schwandt		Edna		MIDDLE	(unkno	wn)	
160	WAS DECEASED EVER			166 SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDRESS			_
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	326-30-10)20A	Elaine C. La	anahan	Same as	# 13		
				line for (a), (b), and (c	1,1				BETWEEN	XIMATE INTERVAL LONSET AND DEATH	_
	PART I. DEATH W		E CAUSE (o)	CARDO	RE	SPIRATORY A	RREST	*			
	4100			R AS A CONSEQUENC		/					_
ı	Conditions, if any	, which	(6)	MYO	CA	R.DIAL IN;	FARCI	100			
	gove rise to impose couse (a), statis	mediate) (0)—					-			-
	underlying cause		DUE TO, OF	R AS A CONSEQUENC	E OF						
	DART 2 OTHER SIC	NI/EIC ANIT C	ONIDITIONS CO	NITRIBUTING TO DE	TH DUT	NOT RELATED TO THE TERMI	INTAL PAGE AGE	OR CONDITION OR	/ENLINE DART 1		=
Z		IN ICAIN C	014 <u>0111</u> 0143 <u>00</u>	NATRIBUTING TO DEP	KIII BUT	NOT KELATED TO THE TERMI	INAL DISEASE	OR CONDITION GI	EIN IIN FAKT T	Id	
1	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOP	SY? 20b IF YE	S, WERE FIND		Belle .
CERTIFICATION								IN CERTI	FYING CAUSE:	S OF DEATH?	
18	210. ACCIDENT WAS UN		21b. TIME O		YEAR	21c. HOW INJURY OCCURR	ED (ENTERNATU	IRE OF INJURY IN ITEM 18	PART (OR PART 2)		_
×	OR CONTRIBUTING				19						
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211 LOCATION		CITY OR TOWN	COUNTY	STATE	-
2	WHILE NOT WE	ORK ORK	(AT HOME, SIR	EET, FACTORY OFFICE, FARM	LETC)	PIKEEL		CITORTOWN	0	STATE	
	220.1 certify that (1)	(this haspit	al) attended the	deceased from	6	-3 1984	to	6-5	19 04	, that (1) (we) last	-
	saw the deceas above, (I) (we) (5 - 19 85	e, an	d that in (my) (aur) opinion o	death occurred	an the date and how	i and from the	couses stated	
ı	22b. SIGNATURE	ara / fara mar	N	17		DEGREE			22c. DATI	ESIGNED	-
ı		6	Duy	Melin	-	MD ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	6	-5-84	
1	22d PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS		Randalls	town.	Md. 2113	3
l	R	· Di	FRES	TRE		BALT IMOI	RE COU			HOSPITAL	-
23	BURIAL, CREMATION,		23b. DATE		ME OF C	EMETERY OR CREMATORY	23d LOCAT	NN NOWN	COUNTY	*****	=
	Entombmen	ıt	6/12/84	+ Loude	on Pa	ark Mausoleum	Bal	timore	COUNIT	Md.	
24	FUNERAL DIRECTOR	Russel	11 C. Wi	tzke Euner	ral I	Homes P. A 250 DATE	E REC'D. BY REC	GISTRAR 256 REGIS	F	TURE	_
	1630 Edmond						N 8 10	84 Julia	Davidson-	Mandall.	
_											- contractive

DHMH - 16 50M 4/83 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

injury, ar ather traumatic event, th

IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG.	N(

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	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. N	0.				
	CEASED NAME	FIRST	A	AIDDIE	- 1	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b HO	
		BE'la				ALPERT			(16	04	84	5	AM
3. SE	Male	4.	White	3	5. DATE C	DAY	YEAR 96	6 AGE (IN YE	ARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDE HOURS	R 24 HRS M IN.
7g. B	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED 🗆	9 BALTIMOR	RE CITY O	R COUN	ITY OF D	EATH	XF4	
	lungary		us:		WIDOWE	D DIV	ORCED	Bu	14. (Our	xx			MD.
10. C	ITY OR TOWN OF DE		(IF NOT IN THE	OSPITAL, NURSING	DDRESS)_		TUTION	TYPE OF WORK		F WORKING	GLIFE) IN	KINDO	F BUSIN	ESS OR
6	cheysuille	SING HOME OR OT		roadmead		1 Yorl	Rd.	Path	olog	gist		Medi	cir	ie
Ma	ryland	Balti		13c CITY OR TOWN 21030			NOX]	13e STREET A	DDRESS	-12)	You	rk F	Rd. 2	21030
14 F	S & F	MID	DLE	Halps	ert	15. MOTHER'S	MAIDEN NA	ME	MIDDLE		S	دم نم	fe	
16a V	VAS DECEASED EVER YES NO OR UNKNOWN) NO		AR OR DATES	166 SOCIAL SECUR 142-30-6	514	17 INFORMAN Prisci		V. Hal	pert		Broa	adme	21 ead	030 C-12
HAT TO	18 CAUSE OF DEAT PART I. DEATH V LAUGH Conditions, if any gave rise to im cause ioi, stati underlying cause	VAS CAUSED E IMMEDIATE (r, which mediate ng the	DUE TO, OF	RAS A CONSEQUEN	tive ICE OF Kry	Neu	nt F	DISE	288			APPROXI BETWEEN (MATE INTE DUSET ANI	RVAT 2 DEATH
NOI	PART 2. OTHER SIG	NIFICANT COI	NDITIONS CO	INTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONI	DITION	GIVEN IN	PART 11c	0	
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFOR	MED	20a AUTOI YES	PSY?	IN CER	YES, WER TIFYING YES [E FINDIN CAUSES	OF DEA	TH?
MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	P./	M. MONTH DAY M.	YEAR			RED (ENTERNATI	ure of injur	RY IN ITEM I	8 PART OR	PART 2)		
WED	WHILE NOT WELL AT WORK AT WORK	HILE [7]	21e. PLACE C	OF INJURY EET FACTORY OFFICE, FAR	PM ETC }	211 LOCATION	N		CITY OR TO	WN	co	UNIY		STATE
	220. certify that (I) sow the deceas above, (I) (we) (ed olive on	61	4/ 19 8	4 or	nd that in (my) (., 19 😽 🔾 aur) apınian d	, to death accurred	on the do	ate and h	, 19 S	om the	that (I) (couses st	we) last ated
	226. SIGNATURE	ect.	Lilie	eto, in.	D-	PI	TENDING HYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC		27	C. DATE	SIGNED Y/ D	X
	ROBS	ERT	LIBE			138	01	YORK		20		· ·	,	
(Cremation, Cremation, Cremation,		June 5			EMETERY OR CE Mount	Cemet		alti	mor	e, N	ID I		STATE
	Iliam E.	Johns	son852	21 Loch	Rave	n Blvd	0.00	N 4	GISTRAR 1984	25b REG	ISTRAR'S	SIGNATI	Pande	82

Johnson8521 Loch Raven Blvd.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Senior 18 Company of the Company of gener, to skyl (sta / in file of the second of the second that the Carrier and arrangement of the contract power and the contract of private and the street course store 1930 do not all regular

18		
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W	3	
Y		
- /		

within 24 hours after death. Page 4 may be

campletely filled in by the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	4	1	5	J	Ü	
	REG	NO				

1	REGISTRAR						REG. N			
	CEASED NAME E OR PRINT)	Margare		e Hampton		AST	June 20,	MONTH	DAY YEAR	26 HOUR 4:35
3. SE:	× F	4. RA	VCE W		5. DATE C		6. AGE (IN YEARS LAST B	YRS		rs HOURS
7a. BI	RTHPLACE (STATEON COUNTRY) Georgia	R FOREIGN 7b. CI	USA	A COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY	_		
10. CI	Towson		NAME OF HO	OSPITAL, NURSING EACILITY, GIVE STREET A 1 Medica.	GHOME C PORESS) Cen	ter	17g USUAL OCCUPA UTYPE OF WORK FOR MOST Administra		ASS S	Gov Gov
13a S	AL RESIDENCE (IF NUI STATE Md	RSING HOME OR OTHER	INSTITUTION, GI	NE RESIDENCE BEFORE 3. CITY OR TOWN Baltimos	N	13d. INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 3811 Can	/ zip coi terbu	ry Rd.	21218
1		es Robert	Pace	LAST			t Elizabeth		nley	LAST
160 V	WAS DECEASED EVE YES NO OR UNKNOWN) NO	R IN U.S. ARMED F		257 07		Mrs. Shirle	y H. Wilson			
	18. CAUSE OF DEA	TH (Enter only one WAS CAUSED BY:	e couse per la		the				APPR BETWE	OXIMATE INTERVEN ONSET AND D
	Conditions, if an gove rise to in couse (a), statunderlying couse	y, which nmediate and the se last.	(b) C (b) C DUE TO, OR A	AS A CONSEQUE	NCE OF			NDITION O	SIVEN IN PART	fran
FICATION	gove rise to in couse (a), stat underlying cous	y, which mediote ing the se lost.	DUE TO, OR A (b) DUE TO, OR A (c) DITIONS CON	AS A CONSEQUE THE CONSEQUE NTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR COI	20b. IF Y	YES, WERE FIN TIFYING CAUS	DINGS USED
SEDICAL CERTIFICATION	gove rise to in couse [0], stot underlying couse [10], stot underlying couse [19a, DATE OF OPER. 21a, ACCIDENT WAS U. OR CONTRIBUTING [18 EITHER NOTIFY ME] 21d, INJURY OCCU	y, which mediate ing the see lost. GNIFICANT COND COOL ATION 1 NOERLYING 2 CAUSE OF DEATH DICALEXAMINER) RRED 2	DUE TO, OR / (b) DUE TO, OR / (c) DITIONS CON 19b CONDIT! 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OI	AS A CONSEQUE AS A CONSEQUE ATRIBUTING TO D ON FOR WHICH INJURY MONTH DA FINJURY	DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM	NINAL DISEASE OR COI	206. IF Y IN CER	YES, WERE FIN TIFYING CAUS YES []	DINGS USED SES OF DEATH
MEDICAL CERTIFICATION	gove rise to in couse [0], statunderlying couse [10], statunderlying couse [10]. PART 2. OTHER SIGNATURE OF CONTRIBUTING [15] EITHER NOTIFY MEI [15] AT WORK [16] NOT VALUE [16] AT WORK [17] AT WORK [18] AT WORK [18] Sow the deceed	y, which mediate ing the see lost. GNIFICANT COND COLL ATION I CAUSE OF DEATH DICALEXAMINER) RRED 2 ORK I) (this hospital) o	DUE TO, OR / (b)	AS A CONSEQUE AS A C	DEATH BUT OPERATIO AY YEAR 19 ARM EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c, HOW INJURY OCCUR 21l. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NO PRED (ENTER NATURE OF IN) CITY OR 1 death occurred on the of	206. IF Y IN CER'	COUNTY	DINGS USED SES OF DEATH NO [] 2] 51.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbanadgers. Page with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, or removal.

retained by the hospital or ottending physician

BP.

dust , lake 10.15 .0 -0 -0 - 0 - 0 5 alo o'an ariconici de come per el locale de la come Till .d. vrucatus II 2 II antonury Lo. 2121 ofin . If cii, winter on the cit of and Y 11 0 21:0, 0, CHARLES TO THE COURT OF THE COU

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1	2	0	0	2

- STATE REGISTRAR	Par Ann	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) MOLLY	BURROUGHS	HARCUM	20. DATE OF DEATH MONTH	1984 2 33 A.M
3. SEX Female	4 RACE White	5. Date of Birth Dec. 27, 1894	89 _{YRS.}	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY Trginia	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED M DIVORCED	Baltimore Cou	
OwingsMills	Baptiet Home		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Teacher	12b. KIND OF BUSINESS OR INDUSTRY County
USUAL RESIDENCE (# NURSING HOME OF 130 STATE Maryland Balt	NTY BALTIMOTE BEFORE BEFORE BEFORE		13-STREET ADDRESS / ZIP CODE 506 Kingston Ro	ad 21229
Father's Name Robert Jud	Ison Burroughs	Mary "Carol	ine Reynolds	LAST
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (# YES, GT	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 220-24-34	D 17	ome of Maryland 1	.0729ParkHeight
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ENCE OF	WAR DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YEARLS
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		EN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR COLUMNICATION CALLES OF DE	AIH	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
(IF EITHER NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED LE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive or	ortinated the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	94, and that in (my) (and) opinion DEGREE ATTENDING	n death occurred on the date and hou	19 , that (I) (we flost in and from the causes stated

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Road 21212 (VRA 15, 4)

John G. Lavin

23h. DATE

6-9-84

22d. PHYSICIAN I NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Roseland Cemetery

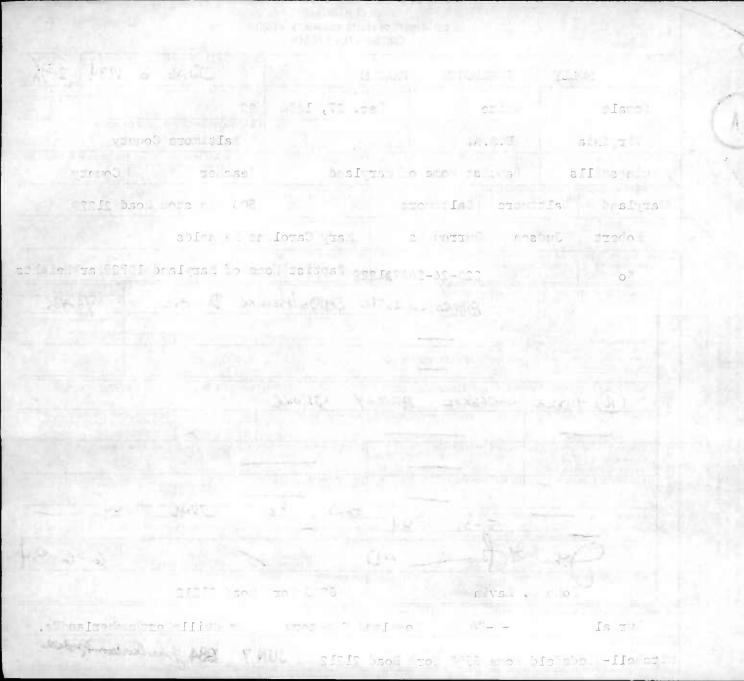
22e. ADDRESS

ReedvilleNorthumberlandVa. 25a DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEE

JUN 7

6805 York Road 21212



230 BURIAL, CREMATION, REMOVAL BURITAL

,	FOR		DEPARTM	NENT OF H	EALTH AND	MENTAL HYG	IENE	4	1 5	3 3	5 4	,
1 -	STATE XC 224	13937		CERTIF	ICATE OF D	EATH		REG. NO				
	CEASED NAME FIRST OR PRINT)		MIDDLE	L	AST		20 DATE C	F DEATH A	AONTH D	AY YEAR	26 HOUR	7
	ALBERT	AUC	SUSTUS	HAI	RDER			20, 19			3:30	M
3. SE	X	4 RACE		5. DATE O		YEAR	6. AGE (IN	YEARS LAST BIRTH		ONTHS DAYS	IF UNDER 2	MIN.
/ 1	MALE	BLACK		JULY	11	1896		8	7 YRS.			
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVERA	AARRIED TX	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH		
	CONNECTICUT	U.S.A	<i>Y</i> •	WIDOWE		VORCED [BALTI	MORE C	COUNTY			MD.
	FORT HOWARD	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET / CAL CENTI	ADDRESS)	R OTHER INST	ITUTION		OCCUPATION OF THE PROPERTY OF		126 KIND O INDUSTRY	F BUSINE:	SOR
ÚSÚ 13e	ALRESIDENCE (IF NUR POME OF STATE COUR	OTHER INSTITUTION		ADMISSION)	13d. INSIDE C	ITY LIMITS?		ADDRESS /		ENITIE	212	16
_	ATHER'S NAME		DALLINO		-	MAIDEN NAM		OAKI IE	א מם	ENOE	6- I 6-	10
I	EUGENE AUGU	MIDDLE STUS	HARDER			EPHINE		MIDDLE		CLA		
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRES	SS			
4	YES, NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES)	577 12 7	755	Glady	s Coll	lins	3116	Oakf	ield /	ven	ue_
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storting the underlying cause last.	DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	NCE OF		ULMONAF	RY DIS	EASE				
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEA	SE OR COND	ITION GIVE	N IN PART 10)	
O	RECURRENT PNE	UMONIA,	RECURRENT	r UTI	PERIP	HERAL V	JASCUL	AR DIS	EASE			
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUT		IN CERTIFY	WERE FINDIN		H?
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	A10	M. MONTH DA	YEAR 19	21c HOW IN	JURY OCCURR	-	NATURE OF INJURY	FIN ITEM 18 PA	ART I OR PART 2)		
ME	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F.	ARM ETC)	STREET			CITY OR TOW	/N	COUNTY	KI	ATE
	220 certify that (I) (this hosp saw the deceased alive of	JUNE	e deceosed from	EPTEN	MBER 16	, 19 <u>81</u>		UNE 20			that (I) (w	,
	obove, (I) (we) (did) (dumn	ot) view the body	ofter death.		DEGREE	ATTENDING PHYSICIAN	MEDICAL		F	22c DATE 6/20,	SIGNED	
	224 PHYSICIANS NAME (1195	Armi)			22e ADDRES							

VA MEDICAL C

Pk,

Arbutus Mem.

retained by the hospital or

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this sentilicate should be detoched for use as the Eurichment with the State Dept of Health on a Minital Hyper

MPORTANT: If them 21 is

are prior to buriol, cremotion, or removal.

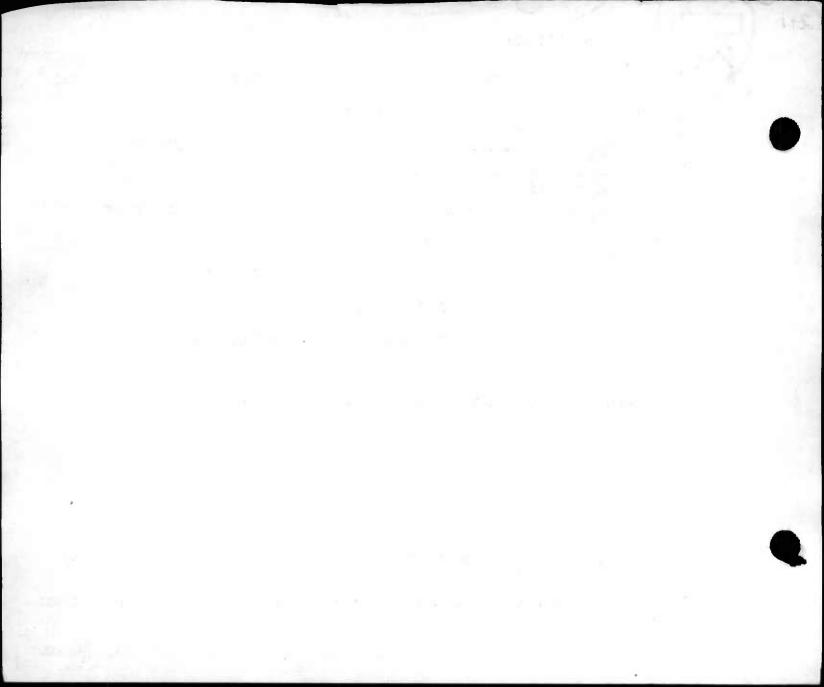
or other troumotic event,

24 FUNERAL DIRECTOR March F/H INc, 1101 E North Ave,

VERGHESE, 236. DATE 6/26/84

CENTER, FORT HOWARD,
RY | 236 LOCATION Arbutus, R 29 REGISTBAR'S SIGNATURE Fulia Davidson-Rondolle

Md.



10 FUNERAL DIRECTOR. After this centricate has bare signed by the attending physician and car should be detached for use as the busial-spans parent. Then please remove calbanipapers, Pages I, with the State Dept, of Mealth and Mental Hypere prior to busial, cremation, or removal.

DHMH - 16 50M 4/83

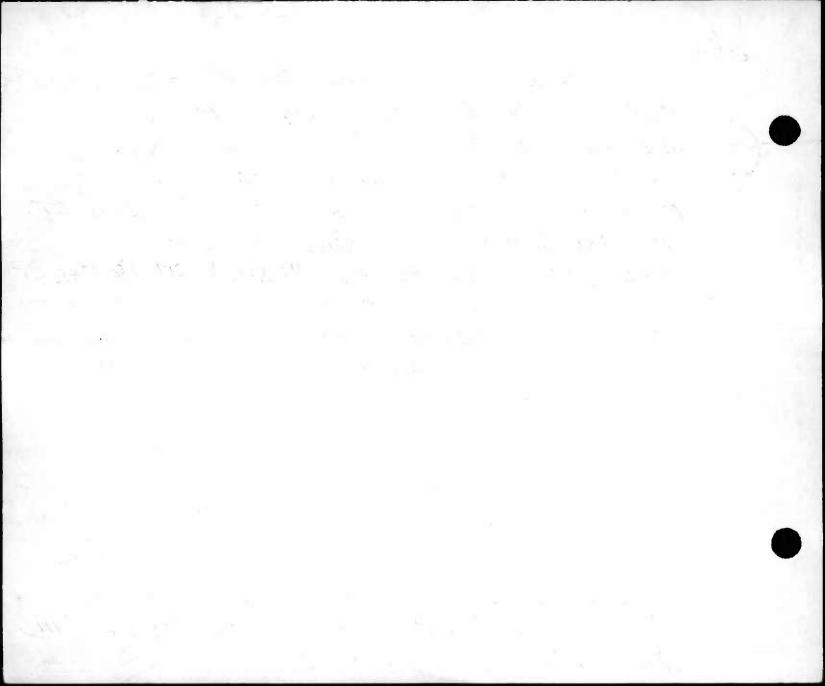
(VRA 15, 4)

FOR STATE

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STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE	44	5	0
CERTIFICATE OF DEATH	REG. NO.		

REGISTRAR			CERTIFI	CATE OF DEA	TH	REG.	NO				
1. DECEASED NAME	FIRST	WIDDLE	LA	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
(TIPE OR PRINT)	WILLA	τ. α	н	ARRISON	Je.		06 2	6 '84	10:45A		
3, SEX		RACE	5. DATE O	THE RESERVE TO A SECOND		6 AGE (IN YEARS LAST		IE UNDER 1 YEAR	IF UNDER 24 HR		
MALE	1	SHITE	10 NTH	3 19	34	49	YRS.	MONTHS DAYS	HOURS		
70. BIRTHPLACE ST.	ATE OR EOREIGN 76.	CITIZEN OF WHAT COUNTRY	? 8 MARRIED	NEVER MAR	RIED 🗆	BALTIMORE CITY	OR COUNT	Y OF DEATH			
MARYAN	$D \mid L$	1. Sift.	WIDOWE	D DIVOR	CED 🗌	BALTIMOR	E COUN	YTY.			
TOWSON		NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACHLITY, GIVE STREE GREATER BALTIM	ET ADDRESS)			12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOE WORKING LI		OF BUSINESS C		
USUAL RESIDENCE (130 STATE MARYLAL 14 FATHER'S NAME		ER INSTITUTION, GIVE RESIDENCE BEFO	WN DORF	13d. INSIDE CITY YES K	LIMITS?	STREET ADDRES	ZIP COD	STER	51		
WILLA 160 WAS DECEASED	RD J.	HARRISO	N	15. MOTHER'S M.	RE.	D Sh	MITH	L LAS	ST		
(YES NO OR UNKNOV			3930	MRS.R.	HARK	PISON a	2175	REG157	ER S		
18 CAUSE OF PART I. DEA	DEATH (Enter only on TH WAS CAUSED BY IMMEDIATE C	LAKITUELI		Y ARREST				JUNE	onset and death		
gove rise to	Conditions, if any, which gove rise to immediate cause (a), stating the								MARCH 1984		
	couse lost.	CANCER O	Ancer of Larynx								
PART 2 OTHER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
190 DATE OF O		196 CONDITION FOR WHIC	h operation				NO YES NO				
OR CONTRIBUTION	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	21b. Time of Injury Hour A.M. Month [P.M.	DAY YEAR	21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)			
(IE EITHER NOTIE	CURRED FOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	. FARM ETC }	21f LOCATION STREET		CITY OR	IOWN	COUNTY	STATE		
saw the di	eceased alive on	attended the deceased from 6/26	97	,	9 <u>83</u>) opinion de	to6/2 eath occurred on the			that (I) (we) fo causes stated		
176 SIGNATUR		Smith	MN		NDING SICIAN []	MEDICAL ST DIRECTOR PHYS	AFF KLIAN X	6/26			
	I'S NAME (TYPE OR PRI			22e ADDRESS							
process and	RT SMITH,	M.D.	- 10 UE OS	GBMC -		N. CHARLE	S STRE	ET 212	04		
DURIAL CREMAT	10N, REMOVAL 2	130/1984	POLY	METRY OR CREA	MER	23d LOCATION FITY OF TOWN	imo	RE	m		
NERAL DIRECTO	OR / KA	AVORESS	25	25	250. DATE	REC'D. BY REGISTRA	R 25b. REGIST	TRAR'S SIGNAT	URE		
VYTIMONI	J KINHO	LOROWTU,	FLEE	TSI.	101	4 8 1084	1	avydren-P	Sopolatile		



DATE

Leonard J. Ruck, Inc. Baltimore, Md.

(VR A15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

THE EXPLICATION OF A VILLE OF WHITE AND AND AND AND ADDRESS OF THE PARTY OF THE PAR talign Harry and response to the second seco industrial to the population of the hand out to the late of the la

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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del	3	2	0	U	-

REGISTRAR				CEKITE	ICATE OF	DEATH		REG. NO	D.			
DECEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF			DAY YEAR	2b HOUR	
(TIPE OR PRINT)	CHARL	ES 3	<i>joseph</i>	HAY	YES	sr.			6-06	-84	5-50P	
SEX		RACE		5. DATE C	OF BIRTH		6 AGE INYEA	ARS LAST BIR		IF UNDER 1 YEAR		
/Nalte		whit	e	3-	12-	[*] 95		89	YRS.	MONTHS DAYS	HOURS MIN	
BIRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY	8. MARRIE	D THE NEVER	MARRIED -	9 BALTIMOR	E CITY O	R COUNTY	OF DEATH		
	nd l	77 .	S . A .	WIDOWE		NORCED [BA	LTO	COUN	TY	N	
Marylar CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSI		OR OTHER INS	TITUTION	120 USUAL O				OF BUSINESS O	
TOWSON		6701	N.CHARL	ES 51	. GBMC		RET.				counting	
SUAL RESIDENCE (16)	NURSING HOME OR O		GIVE RESIDENCE BEFOR		134 INSIDE	CITY LIMITS?	13e.STREET AL	DDRESS /	ZIP CODE	21	204	
Maryland	Bal Bal	timore			YES 🗌	NOXX	1000 E	Jop	pa RD	. €≢	2+ \$	
FATHER'S NAME EIRST Charles	M	DDLE	Hayes		15. MOTHER	'S MAIDEN NA EIRST	ME .	WIDDIE .		1.4	AST.	
WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORM			ADDRE	SS		21204	
(YES, NO OR UNKNOWN	(IE YES, GIVE	WAR OR DATES)	705-05-3	3704	Mrs.	Mary H.	Haues	1000	E Jo	ppa RD.		
					1						XIMATE INTERVAL	
PART I. DE ATI	H WAS CAUSED	BY.	line for 101, (b), or		FIENC	·V				BETWEEN	ONSET AND DEATH	
6177	PART I. DE ATH WAS CAUSED BY. LIVER INSUFFIENCY IMMEDIATE CAUSE (b)											
DUE TO, OR AS, A CONSEQUENCE OF												
Conditions, if ony, which ((b) HEPATIC ENCEPHALOPATHY												
gove rise to	gove rise to immediate											
	couse IoI, stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF											
- underlying co	(c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											10	
										WEDE EN ION LOS		
190 DATE OF OPE	ERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTOR	SY?		S, WERE FINDE		
							YES 🗌	NO		S [NO 🗌	
210. ACCIDENT WAS	UNDERLYING	21b. TIME C			21c. HOW II	NJURY OCCUR	RED (ENTERNATE	JRE OF INJUR	Y IN ITEM IB	PART I OR PART 2)		
	_	,	M. MONTH D									
(IF EITHER NOTIFY	MEDICAL EXAMINER)		M	19	1000000	10.1						
(IF EITHER NOTIFY)		21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC 1	21f LOCAT			CITY OR TO	WN	COUNTY	STATE	
AALUIE NO	WHILE WORK											
220.1 certify that	t (I) (this hospita	l) optended	e deceased from	5-28	3-84	19	to 6-	26-8	h	19	that (I) (we) la	
sow the dec	eosed alive on	0-00	- 04 19) (our) opinion	death occurred	on the do	ate and hou	ir and from the	couses stated	
22b. SIGNATURE	e) (did) (did not)	view the body	ofter death.		DEGREE		_			122. DATE	ESIGNED	
en en	. 0	1	4 7	1		ATTENDING	MEDICAL	STAF	F	22. OAT	10110	
Edder	- no	dry	s M)(PHYSICIAN [DIRECTOR			61	6/8	
22d. PHYSICIAN'S	S NAME (TYPE OR	PRINTI			22e. ADDRE	SS					· ·	
FDWIN	RODRIG	IIF7	1		GBMC	670	1 -N . CH	VDI I	12 2	2120	11	
o. BURIAL, CREMATIC		23b. DATE	23¢	NAME OF C		CREMATORY	23d LOCAT		اد د		-	
Burial	,	6/9/8					CITYO	RIOWN		COUNTY	STATE	
		0/9/8	4 IVe	ew cat	hedral		Bal	timo	re, M	d.		
FUNERAL DIRECTO	K					250. QAT	E REC'D. BY RE	GISTRAR	256 REGIST	RAR'S SIGNA	TURE	

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol, cr.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Item 21 is marked or Item 18 shaws any

Leonard J. Ruck Inc

Baltimore, Md.

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE

1984 Fishe Davidson-Randelle

LIVEL LANGER BUILDINGS

的特殊的自由特别。 2 11493至

10-03-5

at India Tivid

njury, ar other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached far use as the burial-transit permit. Then please remove carbonpapei with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal. 18 5

IMPORTANT: If Hem 21 is marked or Item

DEPARTM	STATE OF I SENT OF HEALT CERTIFICAT	H AND	MENTAL HYG	IENE 8	REG. N	0.	5	3	Û	1
MIDDLE	LAST			20. DATE C	F DEATH	MONTH	DAY	YEAR	2b. HOU	R
Margaret	Heff	an		June			6, 84		P. M	
	5. DATE OF BIR	TH		6 AGE IN	YEARS LAST BI	(YACHTS		RTYEAR	# UNDER	24 HRS
.te	можн	7	1925		58	YRS.	MONTHS	DAYS	HOURS	MIN,
OF WHAT COUNTRY?	MARRIED	NEVED	AA A BRIED	9. BALTIMO	ORE CITY O	R COUNT	Y OF DE	ATH		
SA	Baltimore County									
OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET A	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY									
Pleasant 1	Plains R	American Road Insurance Co.								
13c CITY OR TOWN Baltin	V 113d	INSIDE (NO 🔏 -	13e.STREET 861	ADDRESS 9 Ple			ins	Rd.	212

SE	х	4.	RACE		S. DATE O			6 AGE (IN	EARS LAST BIRTH	DAY)	IF UNDER T		FUNDER		
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Australia USA					MARRIED NEVER MARRIED Baltimore County								_ MD.		
0 C	ITY OR TOWN OF DEA	TH 11		OSPITAL, NURSIN		R OTHER IN	STITUTION		OCCUPATIO K FOR MOST OF N			ND OF E	BUSINE	SS OR	
<i>y</i>]	Baltimore			leasant 1		Road			can Ro				Co		
3a. :	AL RESIDENCE (# NURSI STATE	136 COUNTY		INE RESIDENCE BEFORE Baltin	V 1	13d INSIDE	CITY LIMITS?		ADDRESS / 2			ns I	24.	2123	
	ATHER'S NAME			202 020	1010		S MAIDEN N		, 1100	J CALL O		110 .		-1-	
1	Richard Geo		E	Collins	3	I.	FIRST		Laura			Wes	t		
	WAS DECEASED EVER			16h SOCIAL SECU	RITY NO	17. INFORM	ANT		ADDRES	S					
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	217-26-5	419	Den	nis He	ffernan	638	Park	wyrth	Ave	e . 2	21218	
	Conditions, if ony, gave rise to imm cause (a), stoting underlying cause	which nediate g the last.	DUE TO, OR DUE TO, OR Lb) DUE TO, OR	AS A CONSEQUE	NCE OF	ASE NOT RELATE	ST		FUR		VEN IN PA	RT No			
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	OPSY?	IN CERTI	S, WERE F IFYING CA ES []	USES O		H?	
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	A. MONTH DA	Y YEAR			JRRED (ENTERNA	NTURE OF INJURY	IN ITEM 18	PART I OR PAI	RT 2)			
MEDICAL	WHILE NOT WH	INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.)						ZII LOCATION STREET CITY OR TOWN CO						TATE	
	220 I certify that (I) saw the decease above, (I) (we) (d 22b. SIGNATURE	d olive on_	INDE	1 19			19 St	n death accurre	d on the date	e and ho			uses sto	we) last	
	he 7		/N			1 / 11						_	-48		

ATTENDING MEDICAL STAFF

22e ADDRESS -

8713 Harford Rd. 21234

230 BURIAL, CREMATION, REMOVAL (SPECEY)
Burial 23c NAME OF CEMETERY OR CREMATORY June 9, 1984 St. Stanislaus

23d LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR

Dr. Fausto Aquino

FOR - STATE REGISTRAR I. DECEASED NAME

FIRST

Amy

5305 Harford Rd. Leonard J. Ruck, Inc.

Baltimore Baltimore Md.

750 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

JUN 7 1884 Julia Davidson Horden.

DHMH - 16 50M 4/83 (VRA 15, 4)

rec , of make make and the state of t

FOR

- STATE

REGISTRAR

LYES NO OR UNKNOWN)

CERTIFICATION

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO 26. DATE OF DEATH MONTH 7b. HOUR

(TYPE OR PRINT) JAMES HEGGIE June 9.1984 A . 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. DATE OF BIRTH 3. SEX 4 RACE MONTH YEAR Male White 19.2 November 70. BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY Cleveland Ohio Baltimore Co. USA WIDOWEDT DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s LISUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Owings Mills 152 S. Ritters Lane Post Office Emplayee

USUAL RESIDENCE 1# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Balto. 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md.

MIDDLE

Owings Millys NO [

152 S. Ritters Lane 21117

14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE McConihe Ethel Heggie Valentine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

16b. SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 218=14-0705

Mrs. Julie H. Poehlman Owings Mills. WW Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Ran Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10

21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CIPSET NOT WHILE WHILE

220.1 certify that (I) (this haspital) attended the deceased fram 6-2 saw the deceased alive an abave. (1) (we) (did not) view the bady after death. and that in (my) (and) apinion death accurred an the date and haur and fram the causes stated

SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN.

22d PHYSICIAN'S NAME 221. ADDRESS ATYPI OR PRINT

230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Finksburg, Md. (SPECIFY) Evergreen Memorial Burial 12,84 June

24 FUNERAL DIRECTOR Eline Funeral Home Reisterstown.Md. 250. DATE REC'D BY DECISION 256 AFTISTRAR S'SIGNATURE

DHMH - 16 50M 4/B2

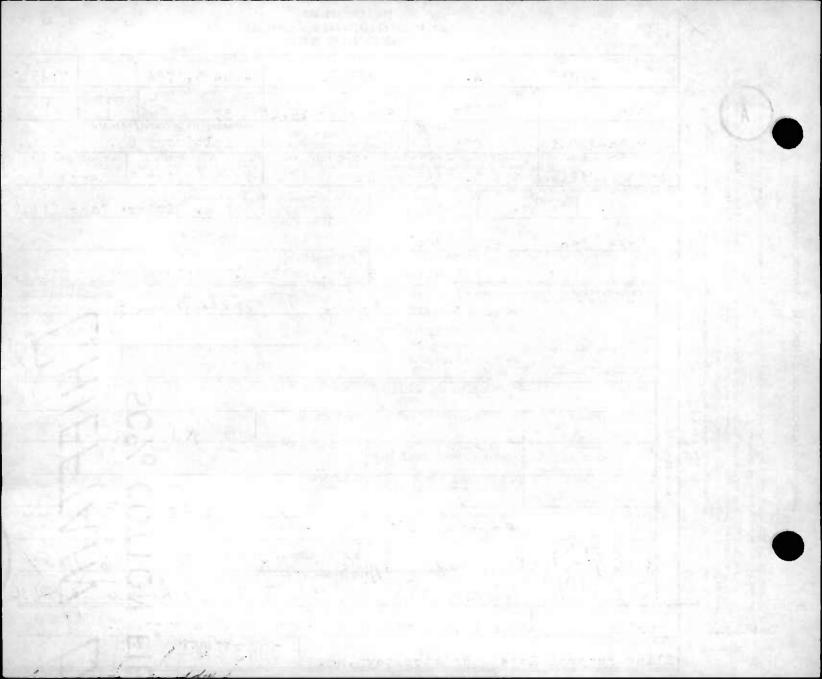
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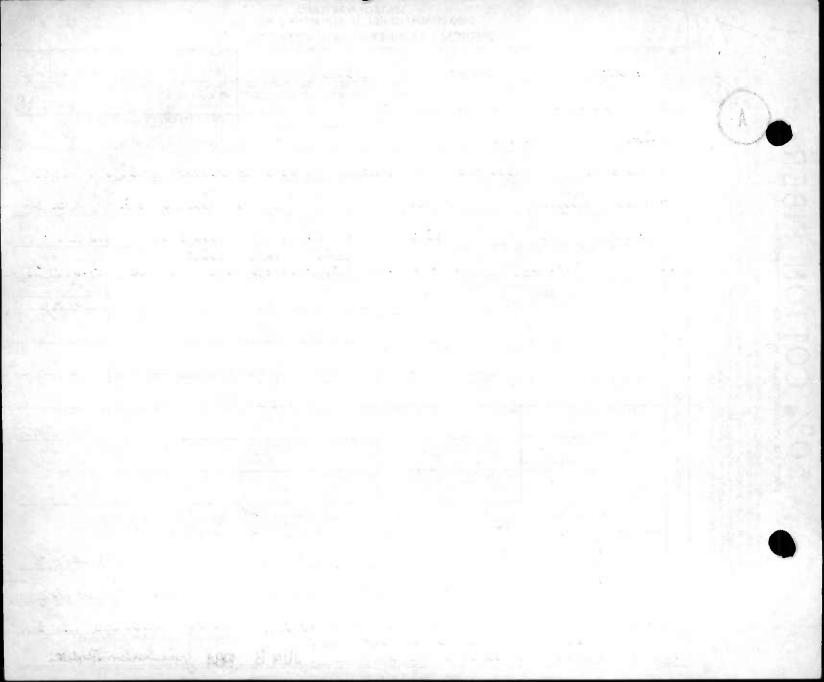
burial-transit p

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(VRA 15, 4)





TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages, I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or remayal.

WPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event,

STATE OF MARYLAND

DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENEO	-		
	CERTIFICATE OF DEATH	· REG. NO.			
	LAST	20 DATE OF DEATH MONTH	H DAY	YEAR	2b HOUR
~k	HENDERSON	June 10, 1984	1		8:00

1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENEÖ 🚔).	3 0	1 0
	CEASED NAME OR PRINT)	Shirle		Zouck		DERSON	June 10, 1		DAY YEAR	8:00A M
3, 5E	х	4	RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Female		White	е	May	13 . 1933	51	YRS.		MIG.
_	RTHPLACE (STATE OF COUNTRY)	FOREIGN 7	b. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	Baltimore city o	e Cou		MD.
Ro	ITY OR TOWN OF DE SSVIlle		Frankl	in Square	Hosp	ital	12a USUAL OCCUPATN (TYPE OF WORK FOR MOST O Ticket Age)	WORKING LE	FE) INDUSTRY	irlines
13a S	AL RESIDENCE (# NUR	IN COUNT	Y	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			005
-	ryland ATHER'S NAME	Harf	ord	Joppatow	ne	YES NO	542 Riviera	a Dri	ve 21	085
14. 17	Howard		aird	Zouck		Eunice	MIDDLE		Olson IAS	п
1	WAS DECEASED EVEI YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	213-32-3		John A. Hende	Joppe erson, 542	atown Rivie	e, Md. ra Driv	21085 e
	Conditions, if on gove rise to im cause (a), stati	MAS CAUSED IMMEDIATE Immediate	DUE TO, C DUE TO, C DUE TO, C (b)	r line for (0), (b), one Pulmonary OR AS A CONSEQUE OR AS A CONSEQUE	Arre Arre Pulr	monary Hyperte				IMATÉ INTERVAL ONSET AND DÉATH
NOI				otension.		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OII ION GIV	VEN IN PART HE	3
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO X	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d. INJURY OCCUI	CAUSE OF DEAT DICAL EXAMINER) RRED	21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	19	21E. HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJUS CITY OR TO		PARI I OR PARI 2)	STATE
	22a I certify that (X(this hospite	11100	10	OA	nd that in (Xy) (our) opinion of DEGREE		.0,	19_84 ur and from the	
1	1.1	181	P			ATTENDING PHYSICIAN	MEDICAL STAT		6/1	10/84
	Lawrence					9000 Frank	clin Square	Drive	e 21237	7
	BURIAL, CREMATION (SPECIFY) Cromation UNERAL DIRECTOR	, REMOVAL	June 1			Ferris Crematory	23d LOCATION CITY OF TOWN OTTYW. Cheste E REC'D. BY REGISTRAR		county lester TRAR'S SIGNAT	Pa.

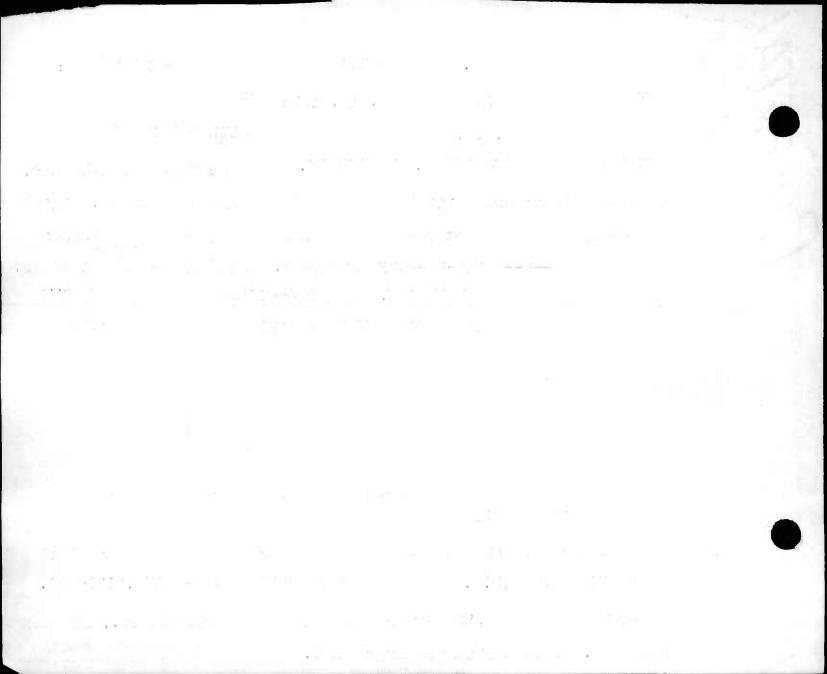
DHMH - 16 50M 4/83 (VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR Howard K.McComas III, Abingdon, Md. 21009

Julia Davidson Bondase

the details to be a few order

					-			OF MARYLAND	**	1	7 ./	
			1 -	FOR STATE		DEPARTM		ALTH AND MENTAL HY	GIENE B	1	3 0	
				REGISTRAR			CERTIFIC	CATE OF DEATH	REG. NO			
					FIRST	WIOOFE	LAS		20 DATE OF DEATH	AO HTMON		2h HOUR
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моу	od a		3. SE)		14	RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT)		UNDER I YEAR	IF UNDER 24 HRS
10	1			FEMALE		WHITE	Nov.	18, 1925	58	YRS	MIHS DAYS	HOURS MIN.
il.	60	118	7a. BI	THPLACE (STATE OR FOR	REIGN 7	6 CITIZEN OF WHAT COUNTRY?		X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	F DEATH	
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ē	y the ed w	17	10 CI	Y OR TOWN OF DEAT	н 1	1. NAME OF HOSPITAL, NURSIN	G HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND C	F BUSINESS OR
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24	ly filled should					imore 21204		YES NOX	8514 Dru		Rd.	21204
i k	200	MIL		THER'S NAME		IDDLE LAST		S. MOTHER'S MAIDEN NA	AME			
3 D	ond	134		James		Sheppard	ı	Mina	Agnes		Sin	pson
ecute	s l			AS DECEASED EVER IN		NED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRES	SS 2	1236	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e e	000			NO OR UNKNOWN)	(IF YES, GIVE	war or dates) 21 3-20-9	323 1	Watthew S.	Henry4614			eld Dr.
te b	0 5 . 4				Enter anh	one cause per line for (o), (b), and			110111	Dogo	APPROX	IMATE INTERVAL ONSET AND DEATH
ifico	onpape emovol			PART I. DEATH WA	SCAUSED	CAUSE (o) A CUTE M'	YOCAR	DIAL INFAR	CTION		MI	NUTES
Cert	ling rbo	2		17	WEDIAIC		1105.05			-		
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÷	by th			underlying couse	last	DUE TO, OR AS A CONSEQUE	NCE OF					
es ÷	pled	5		PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CONTRIBUTING TO E	E ATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVE	V IN PART 1	0
900	Then to b	5	NO.									
3	been mit I prior		CERTIFICATION	190 DATE OF OPERATION	ИС	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b IF YES,	WERE FINDIN	VGS USED
ne lo	ne oe		LIFIC						YES TI NOTX	IN CERTIFY YES	ING CAUSES	OF DEATH?
VSICIO	rtificate h	7/4	CER	210. ACCIDENT WAS UNDER	ILYING	216 TIME OF INJURY		21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	IN ITEM 18 PAR	LI OR PART 2)	
CIA	riol-tr entol 1			OR CONTRIBUTING CA		HOUR A.M. MONTH DA	19					
HYSI	buri Meri		MEDICAL	214 INJURY OCCURRE		21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	r field	COUNTY	STATE
O b	the and	D D	×	AT WORK AT WORK		(AT HOME STREET, FACTORY, OFFICE, F.		ZIMEEL	2 4	,,,,		STATE
Zo	Se os se lih	Ē			his hospite	al) ottended the deceased from_	6/25	19 84	· to 6/29	19	,84	that (I) (we) last
TEN	TOR OF H	5					84_, ond	that in (my) (our) apinion	death occurred an the da	te and have	and from the	causes stated
R Al hosp	REC ined if	E		22b. SIGNATURE	i) (ala nat	view the bady after death	DI	GREE			22c. DATE	SIGNED
the o	etoch te De			MAANT	12. Y	novan 1	18	ATTENDING	MEDICAL STAF	ANI 🗆	6-	29-84
PITA	FUNERAL old be det	7		22d. PHYSICIAN'S NAA	AE (TYPE OR			22e ADDRESS	DIRECTOR ATTOICE	AI' L	1	21 0
O HOS etained		5		MARTIN	MAGI	RAM,M.D.		7600 OSL	ER DRIVE-B	ALTO.	2120	4 MD.
of a	Show	<u> </u>	23a P	URIAL, CREMATION, RI			AME OF CE	METERY OR CREMATORY	123d LOCATION			
BP.			1	Burial		uly 3, 84 Gar			CITY OR TOWN	0205 7	COUNTY	STATE
				INERAL DIRECTOR	U	may), or war	dens	OI FAI UN	Baltim	Sh. REGISTR	AR'S SIGNAT	URE
	16 50M 4/8 (A 15, 4)	83		NAME	Taber	ADDRESS To all	D	11.		relia Da	vidson-D	ande
(au			MAT	TTTAM E.	JONY	son8521 Loch	Kave:	J RTAG 1 00	1304 /			100



ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flaurs offer

TO HOSPITAL OR ATTENDING PHYSICIAN The eticined by the hospital or otherding physician

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTII	FICATE OF DEATH		HEG. NO.	
I. DECEASED NAME	Filtst		MIDDLE.	-	LAST	T	TO DATE OF DEATH MONTH DAY YEAR 25 HOU	
MORT-C	RST	V- 1	45 RTRIS	HO	HEARICK		JUNS 23 1984 500	AM
1 SEX	100-1	4 RACE	the state of the s		OF BIRTH		6. AGE (IMMEAN) (AST SMITHSIAN) FUNDRITY YEAR FUNDER I WOURS T	24 HH5.
Famals		LUHIT	5	()55			Ol ves	BADE.
TR BIRTHPLACE ISTANO	FOR CH	7% CITIZEN OF	WHAT COUNTRY?	£.	ED NEVER MARRIED	CP 1	BALTIMORE CITY OR COUNTY OF DEATH	
MARYLAND		11.5.	A.	WIDOW			BALT MORE COUNTY	MD.
IN CITY OR TOWN OF DE	АТН		HOSPITAL, NURSIN		OR OTHER INSTITUTION	N	176 USUAL OCCUPATION 175 KIND OF BUSINE	SS OR
ROSSVILLS		MADO	R CARS-	Ras	SVILLE		INSPECTOR CR. CORK+	SER
USUAL RESIDENCE IN NU	113b. COU	OTHER PHILITATION	LIAL CITY OR TOW	ADMISSIONS IN	1114 INSIDE CITY LIMIT	TS7 I	134.STREET ADDRESS / ZIP CODE 3 13	34
MARYLAND	BRE	SAPORT	PARKULL	12	YES NO D		7803 TILMONT AVI	
14 FATHER'S NAME		weeks	AAST		15 MOTHER'S MAIDER	N NAM	MDDU LAST	
ADACS		H	ZRTRIC	4	LATH	28.	MI DUZITA	R
16a WAS DECEASED EVE		MED FORCES?	IM SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	
no.	112	nzma rezissamenti.	213013	D'AHC	FACS	127	TECOROS APPROXIMATERIES APPROXIMATERIE	
PART 2 OTHER SK	SNIFICANT	Carrier and Carrie	ONTRIBUTING TO I		T NOT REAL TO THE	U	TO AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSED OF DEAT	
					12/-110/0 5/11/00/0	at any interior	TES NO YES NO	1
PER COLUMN TRACK	CALLEGEO			AY YEAR		CORRE	ED I (NEW YORK OF MUDE) ON 15 M IS MARK I COMMAND TO	
THE INJURY OCCU			OF INJURY	19	ZIL LOCATION	_		
			MEET, FACTORY TEE.	NAME OF	50000		COUNTY COUNTY 1	Galti
22s I certify that	ti (this hou	itali attended	medianosed from		NOU 10	72	10 June 10 84 that (1) A	les) fest
sow the deced		2/0/	105	84	and that he (my) (Ke) op	pinion d	leath occurred in the date and hour and from the courses sto	
22h SIGNATURE	2	1/ 1/	at death.	\mathcal{I}	DEGREE		22L DAJE SUNED	To
/	1) f	asik	nis	_	ATTENDI PHYSICI		MEDICAL STAFF DIRECTOR PHYSICIAN	109
224 PHYSICIAN'S	CAME IT	OR PRINTS	-		72+ ADDRESS	1		1
DR- FRE	ank-	T KAS	SIKJR		7005	HAI	RFORD ROAD-PARKYLLS	
23a BURIAL, CREMATION	I, REMOVA	L 23h DATE	234.	NAME OF	CEMETERY OR CREMAT	TORY	23d LOCATION Eff of Town County 1	tatt
BURIAL		JUNE	161984 C	1 ARC	AWA		BOUTO BOUTO MARIL	BNO
74 FUNERAL DIRECTOR	- 51	-	400e(1)	8890	25	Se DATE	N 2 Q man Julia Davidson Mondal	2
EVANS CH	AP31	OF I'IS	MORIES!	HARH	URO RO.	JU	N Z 9 1984 17	

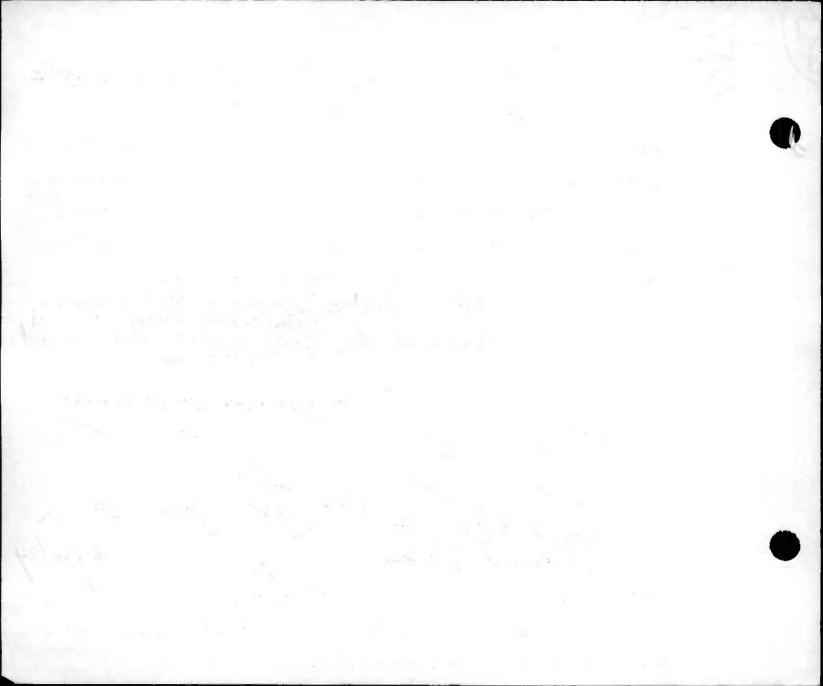
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TD FLAKERAL DIRECTOR: After the certificate has been agreed by the intherding physician and completely filled in by the funeral distributions are supplied to the control of the state of the fundational period. The please remove corbonopets Pages 1 and 2 should be filled within 72 has with the State Dept of Health and Mental Hygare prior to burial, cramation, or removal.

injury, or other traumatic event. H

MPORTANT if New 21 is marked or nem 18 shows



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STATE OF MARYLAND

DEPART

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MENT	OF	HEAT	TH.	AND	MENTAL	HYGIENE	O	Con
CI	DT	ELC	TE	OF	DEATH			
1 P	1 K II .	LP 55 A	A II P	111	IZP ALL D			

REG. NO 2n DATE OF DEATH 26. HOUR 25 IF UNDER 24 HRS 6 AGE (IN YEARS LAST GIRTHDAY) IF UNDER I YEAR MONTH 09 25 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

S. Carolina ID CITY OR TOWN OF DEATH

TO BIRTHPLACE (STATE OR FOREIGN

U.S.A. WIDOWEXX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NURSing+ Convalescentl

Baltimore County, (TYPE OF WORK FOR MOST OF WORKING LIFE)

13e STREET ADDRESS / ZIP CODE

MIDDLE

126 KIND OF BUSINESS OR INDUSTRY

Towson

COUNTRY

STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

3. SEX

USUAL RESIDENCE (IF NURS - FOR OF DIFFERENCE SITE OF TOWN 130. STATE 131. CITY OR TOWN Maryland

Baltimore

13d INSIDE CITY LIMITS? YES X NO | 15. MOTHER'S MAIDEN NAME

3103 Westmount Ct. 21216

M. FATHER'S NAME FIRST Harvey

LAST Hilton

Black

Anna 17 INFORMANT

Stukes ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST

PART I. DEATH WAS CAUSED BY

16h SOCIAL SECURITY NO 250-28-9435 Morgan Hilton, Jr. 3309 Presstman

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES

18 CAUSE OF DEATH (Enter only one couse per light or to), (b), and (c). morra

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

CERTIFICATION

MEDICAL

220.1 certify that (I) (the haspital) attended the deceased from

MIDDLE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

20a AUTOPSY? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

IN CERTIFYING CAUSES OF DEATH? YES [

206. IF YES, WERE FINDINGS USED

COUNTY

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

P.M.

21d INJURY OCCURRED NOT WHILE WHILE

190 DATE OF OPERATION

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

sow the deceosed plive on, above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE

23a, BURIAL, CREMATION, REMOVAL

DEGREE 22e ADDRESS

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

STATE

Md.

22d. PHYSICIAN'S NAME (TYPE OR MINT)

23c NAME OF CEMETERY OR CREMATORY

Md. Veteran Cem.

CITY OF TOWN

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

should by IMPORT,

24 FUNERAL DIRECTOR

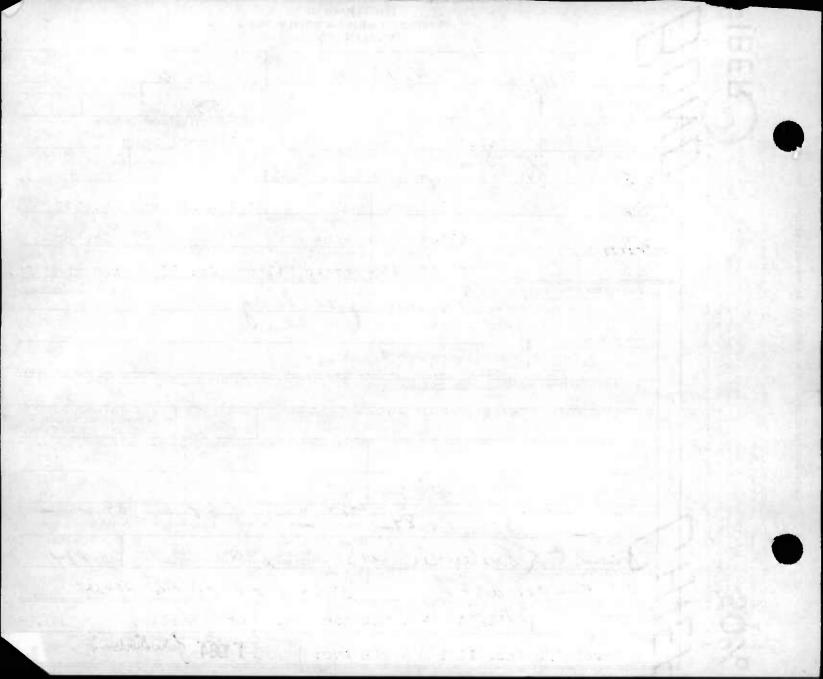
BURIAL

Wm C March F/H Inc. 1101 North Ave.

6/12/84

250 DATE REC'D. BY REGISTRARI THE REGISTRARIS SIGNATURE

Crownsville,



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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BEFILE!	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHERECORDS, 801	人名人名英古英国 有有 人名英格兰人姓氏克里的 人名英格兰人姓氏克里的变体 医外外 人名英格兰人姓氏克里的变体

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1	emale	White	1-27-1	926 FAR LAST BETH	YRS.	DAYS HOURS	MIN. PROM	DEAD	6	11 198	
E	BIRTHPLACE OREIGN COUNTR	(STATE OR Y) ML.	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARK	RIED LA	Balt	_	Count	
10. C	Essex	N OF DEATH	LIE NOT IN SUCH	OSPITAL, NURSING HOAD RESS IN Square H	12		120 USUAL O	CCUPATION (TYP	PE OF WORK	12b KIND OF OR INDU	JST
USU IJu.		CE (IF IN NURSING HOME		GIVE RESIDENCE BEFORE ADMIS	SSION)	3d. INSIDE CITY LIMITS? YES NO 😢	13e STREET	Sandhil	L Rd.	21	2
14. F	ATHER'S NAME FIRST		MIDDLE Hock	LAST	- 14	S MOTHER'S MAID	nica Wi	nkler		LAST	
	WAS DECEA! YES, NO, OR UNK	SED EVER IN U.S. AR NOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	220-18-45	117 NO. 1	7. INFORMANT George Ha	rry Hoc	k -32 N.	Lake	awood A	h
		OF DEATH (Enter of DEATH WAS CAUSE		ne for (o), (b), and (c).) Intracerebra		/				APPROXIA BETWEEN O	AA'
	gave cause	tians, if any, which rise to immediate (a) stating the <u>under</u> ause last.	e / (b)	DR AS A CONSEQUENCE	E OF						
NOI	gave cause lying c	rise to immediate (a) stating the <u>under</u> cause last.	(c)	OR AS A CONSEQUENCE		OR CONDITION GIVEN IN P.	ART 1 ia	-			
FICATION	gave cause lying o	rise to immediate (a) stating the <u>under</u> cause last.	(b) DUE TO, C (c) CONTRIBUTING TO DEA		RMINAL DISEASE (ART 1 to			20 AUTOP	
CALCERTIFICATION	gave cause lying c PART 2 OTHER 19a. DATE c 21a EXTER UNDERLYIN	rise to immediate (a) stating the <u>under</u> ause last.	DUE TO, CO (c) 19b CONI 21b TIME: HOUR A	TH BUT NOT RELATED TO THE TEL DITION FOR WHICH OPE OF INJURY .M. MONTH DAY YE.	RMINAL DISEASE (ERATION WA			OF INJURY IN ITEM 18	PART I OR FA	YES X	
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	PART 2 OTHER 19a. DATE of the second	rise to immediate (a) stating the under ause last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS NG OR OR ON ON ON ON NOT WHILE AT WORK Certify that I taak charvulted fram: Natu	DEATH CONTRIBUTING TO OEA 19b CONT 21b TIME HOUR A DEATH P 21e PLAC STREET, F,	DITION FOR WHICH OPE OF INJURY .M. MONTH DAY YE. M. 19 E OF INJURY (AT HOME. ACTORY, FARM, ETC.)	RMINAL DISEASE (ERATION WA 21t. HO' 21f LOC 51f	S PERFORMED? W INJURY OCCURRI	ED (ENTER NATURE CITY In . Inc. Undetermin	OR TOWN	со	YES X	
	gave cause lying of PART 2 OTHER 19a. DATE O	rise to immediate (a) stating the under ause last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS NG OR TIMO CAUSE OF YOCCURRED NOT WHILE AT WORK Partify that I took char with that I took char	DEATH DEATH 21b. TIME: HOUR A DEATH 21e PLAC STREET, F, ge of the remains of	DITION FOR WHICH OPE OF INJURY .M. MONTH DAY YE. M. 19 E OF INJURY (AT HOME. ACTORY, FARM, ETC.)	AR 21t. HO	SPERFORMED? WINJURY OCCURRING ATION MEET Mamicide TITLE (SPECIFY) ASSISTANT	ED (ENTER NATURE CITY In . Inc. Undetermin	OR TOWN quiry , on ed manner ,	co nd in my ap DATE SIGNE	YES X UNITY DINION 6/1	
MEDICAL	gove couse lying l	rise to immediate (a) stating the under ause last. SIGNIFICANT CONDITIONS OF OPERATION NAL CAUSE WAS NG OR TIMO CAUSE OF YOCCURRED NOT WHILE AT WORK Partify that I took char with that I took char	DEATH PLACE STREET, F. ge of the remains of prol causes 24.	OF INJURY M. MONTH DAY YE. M. MONTH DAY YE. ACTORY, FARM, ETC.) DESCRIBED ADOVE, held an Accident .	AR 21c. HO 21f LOC STE	S PERFORMED? W INJURY OCCURRI ATION REET Homicide, TITLE (SPECIFY) ASSISTANT DDRESS	CITY Undetermine MEDICAL Penn St	OR TOWN quiry , an ed manner ,, EXAMINER t. Balte	co nd in my ap DATE SIGNE	YES X UNITY Dinion 6/1	

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FOR

REGISTRAR

DECEASED NAME

Maryland

Maryland 4. FATHER'S NAME

- STATE

(TYPE OR PRINT)

3. SEX

CERTIFICATION

Burial

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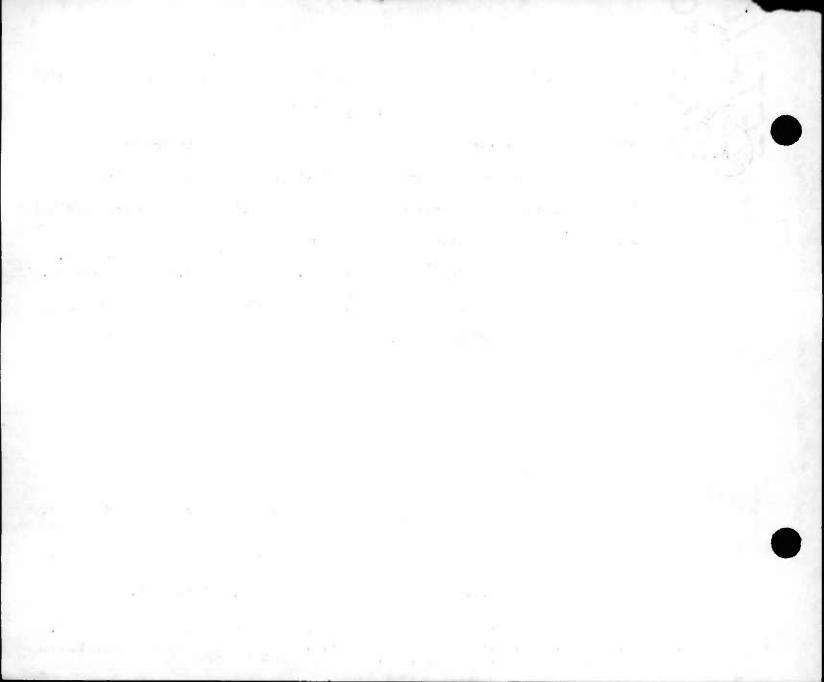
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH RFG. NO ŁAST 2b HOUR MARGUERITE HOFMEISTER 6. 1984 16:40 M June 4_RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH HOURS YEAR Female White 1890 Dec. 13. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWEDK DIVORCED | Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore County General Hospital Randallstown Housewife Own Home BUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Carroll Sykesville 4527 Old Washington Road 21784 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Ambrose Derwart Laura Rupp 166 SOCIAL SECURITY NO. 113 Gryndon Drive Apt. B1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 214-74-6519 Henry H. Hofmeister Jr.-Reisterstown, Md. 21136 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE theresclosis Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above, (I) (Ne) (Nd) (did not) view the body after death and that in (my) (bur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL DIRECTOR David Moseman M.D. 5205 East Drive, Arbutus, Md. 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE 6/9/84 Woodlawn Cemeterv Woodlawn Md. Leroy Preceder Russell C. Witzke Funeral homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228 250. DATE REC'D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE LINE Days Love Landson Landson Landson

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detacked for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

TO HOSPITAL OR

BP.

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injury, or other troumotic

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10.	*	5	ت	Ì	6
OF	DEATH	MONTH	DAY	VEA	0 21	HOUR	_

1.	FOR STATE REGISTRAR			DEP		HEALTH AN	ID MENTAL HYG F DEATH	IENE Ö	REG. N	10.	5	ا ن	6
	CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF	DEATH	MONTH	DAY YEAR	2b. HOU	IR Dag
{TYPE	OR PRINT)	Hedwig	g (1	(NMN	Hol	mes		June	8,	1984		3:1	5 PM
3. SE	X	4	RACE			OF BIRTH		6. AGE (IN)	EARS LAST BI	RTHDAY)	MONTHS DA		24 HRS
	Female			ucasia	1.100	27,	1908		76	YRS.			MIN.
	RTHPLACE (STATE (WHAT COUN	ITRY? 8. MARRI	ED X NEVI	ER MARRIED				Y OF DEATH		
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	or town of the Catonsvi	ille N	Merid:	ian Na	g. Ctr	./Ca	ustitution tonsvil	120. USUAL (TYPE OF WOR Le Sk.	K FOR MOST	OF WORKING	126 KINI INDUST DOT W	o of Busine RY stgho	
130.	al RESIDENCE IFN STATE aryland	ursing home or o 136. COUNT Balti	Y	13c CITY OR		113d. INSID	E CITY LIMITS?	130. STREET 204		ston	Ct.	2122	8
14. F/	THER'S NAME FIRST Bruno	M	IODLE	JOC	kusch	15. MOTH	ER'S MAIDEN NAM	we Unkn	MIDDLE	to R	ecord	LAST	
16n \	VAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	-	SECURITY NO.	17. INFOR	MANT	014111	ADDR		oool a		
	YES, NO OR UNKNOWN)		WAR OR OATES)		6-6806		Frank I	E. Ho	lmes	San	me as	# 13	3
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IFICAT	19a. DATE OF OPE	RATION	196. CON	DITION FOR W	HICH OPERATION	ON WAS PE	RFORMED	20a AUTO	NO NO	IN CERT	ES, WERE FIN IFYING CAUS		TH?
MEDICAL CERTIFICATION	210, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	8	V INJURY OCCURE						
MED	21d. INJURY OCCI	WHILE WORK		OF INJURY TREET, FACTORY, O	FFICE, FARM ETC }	211 LOCA	ATION REET		CITY OR TO	OWN	COUNTY	S	STATE
	220. I certify that sow the dece above, (1) (we	(I) (this haspita cosed olive on_ e) (did) (did not)	May	30,	911	and that in (my) (aur) opinion (deoth occurre	ed on the c		our and from		
	22b. SIGNATU	MI				M.D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA			18/84	
	Luis	Zuniga		D.	7533	110	1 Maide	n Cho	ice	Ln.	Balt,	Md.21	1229
230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE 6/9/	84			OR CREMATORY COCESS		ORTOWN	ille	Bal	to.,	Md.

DHMH - 16 50M 4/B2

14 FUNERAL DIRECTOR
NAME
Mac Nabb F (VRA 15, 4)

Catonsville, Md. Funeral Home

ATORY 23d LOCATION
CITY OF TOWN
25S Catonsville Balto, M
250 DATE REGIO. BY REGISTRARIZA REGISTR Md. Process

Control and the second was to summer to me to sense with a 1884 for the FOR STATE

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executed within 24 hours after

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

L	REGISTRAR					REG. NO			
	DÉCEASED NAME FIRST TYPE OR PRINT) GEORGE	- 1	aymond	4	1 _{0M}	20. DATE OF DEATH	1/ 19	84	26. HOUR - 0
1 2	SEX			5. DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
1	MALE	ORIGI	NTAL	MA	123,1917	61		NIHS DAYS	HOURS MIN.
70	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
L	CHINA	U.S.	.A.	WIDOWE		BALTI	MORE	- Cou	N TYMD.
10	TOWSON		HOSPITAL, NURSING THE FACILITY, GIVE STREET ADD	DRESS)	SPITAL	170. USUAL OCCUPATION OF WORK FOR MOST CONTROL OF WORK FOR MOST CONTROL OF THE PROPERTY OF THE		126 KIND OF INDUSTRY Restau	
	SUAL RESIDENCE (IF NURSING HOME OR 13b. COUN Maryland Bal		GIVE RESIDENCE BEFORE AS 13c. CITY OR TOWN Towson	OMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS A		Blvd.	21204
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
1	Seng	Uk	Hom		Kam	Lin		Che	eung
16	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI	TY NO.	17. INFORMANT Son	* ADDRE	SS		
Г	No No	E WAR OR DATES	218-32-47	25	Harry R. Hom	, 1635 Gler	Keith	Blvd.	21204
F	18 CAUSE OF DEATH (Enter on	ly and cause her	line for (n) (h) and (CII					ATE INTERVAL
Ł	PART I. DEATH WAS CAUSE	D BY:	Perebro Vas		an accident	with Po	ntine	acros egistos	SOCI MIND DEMIN
ı	IMMEDIA	E CAUSE (o)	have	tion	~ seconda	usta Guchen	KIZan		
	19360	DUE TO, O	R AS CONSEQUEN	CE OF		/	1040406	Come.	
ı	Conditions, if any, which	(b)_							
П	gove rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUEN	CE OF					
	underlying couse last.	(()						2	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
L	2								
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?	706. IF YES, V	VERE FINDING	GS USED
								NG CAUSES C	
		7 21b. TIME C	SE IN CIN INV		Tal. How bulling occurs	YES NO	YES		NO 🗌
	OR CONTRIBUTION CAUSE OF DE	LICIUD A	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS PARI	1 OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINES		M.	19				A LILES	(E)(D)(A)
	(IF EITHER NOTIFY MEDICAL EXAMINES 214. INJURY OCCURRED	21e PLACE		5151	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Г	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FAR	M, EIC)		/		- /	
L	22a. I certify that (I) (this haspi	tal) attended th	ne deceased from	6/	3 1984	10 6/11	19	84 11	not (I) (we) lost
1	saw the deceased alive an		11 19 8	24.0	nd that in (my) (our) opinion o	death occurred on the de	ate and hour o	nd from the co	ouses stated
1	obove, (I) (we) [did) (did no 27b, SIGNATURE	t) view the body	ofter death.	-	DEGREE	11 34 4 19		22c. DATE S	IGNED
	STONATORE	. 0	0.		ATTENDING	MEDICAL _ STA		11	11/2-
	Tredling	1.	Myon	1	PHYSICIAN [DIRECTOR PHYSIC		16/1	1/04
	224. PHYSICIAN'S NAME (TYPE	PRINT)	0		22e ADDRESS				'
					100000000000000000000000000000000000000				
1	2- BURIAL CREMATION REMOVAL	Task DATE	22. ALA	ME OF C	EMETERY OR CREMATORY	1274 LOCATION			

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the furshood be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

injury, or ather troumatic event, the medica

IMPORTANT: If Item 21 is morked or Item 18 shows ony

(SPECIFY) Burial

6/18/84

Lorraine Park Cemetery

24. FUNERAL DIRECTOR
STEWART & MOWEN CO., 108 W. ADDRESS AVE.

21201

JUN 2

Woodlawn, Balto. Co.,

BY REGISTRAR BY REGISTRAR'S SIGNAMER.

0 1984 Julia Davidson-Anna

Citinose (.S.n. Jend Baltimore Towner (.c. Lands of the Bird. 11.50) Sens Ik (.c. Ketter Towner County) Sens Ik (.c. Ketter Towner County)	C-22662 Asymptot	HOP	1	SE STATE OF
lend Baltimare Tousen 1635 Olen Keith Bive, 2136 Seng Uk Nom Kem Lin Chung Seng Uk Nom 1645 Barry R. Hom, 1655 Glen Keith Sivel, 21206	Chinese HALL			
lend Releimore Townon 1655 Elem Keis Brus 2120 Seng Uk Hom Kem Lin Chung Son: 218-32-4725 Harry R. Hom, Mais Glen Keith Myd. 2120	[A / A] V.S.A.	a some X	BERTHER	Cluster Ex
Seng Uk Nom Kem Lin Shump Seng Uk Nom 12.00 -	esent STEERAS	Hongradu	Zome	introduction
Seng Uk Nom Kam Lin Shoong Seng Uk Nom Kam Lin Shoong 202 218-32-4725 Harry N. Hom, Lin Glen Keith siyd. 2120	ryland Baltimore Townen		1635 Olem Ke	1 11 11 0. 2130
218-12-4725 Harry N. Hone, Link Clem Spith Mayd. 2120	Seng UK Non	m2	htd	ground?
	218-12-47	Fig. 1 Class CC	1635 Glen Kdi	31 vd. 2120
		PER		
		**		
		**		
		**		

STEWART & MORE CO., 198 M. North Mys. 21201 CULV 2 @ 1284

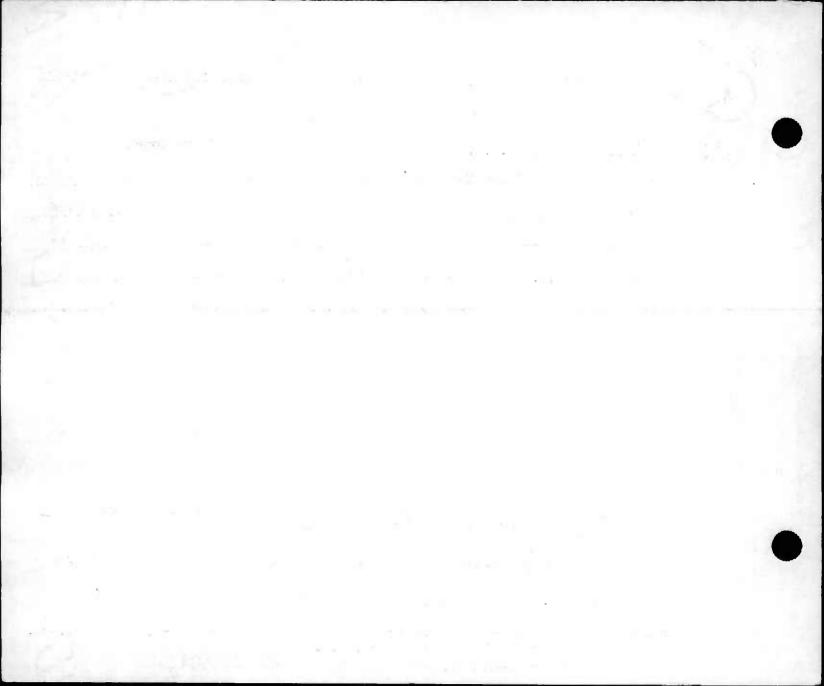
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYC	IENE
CERTIFICATE OF DEATH	

3	dell	- 1	5	3	1	8
	REG. NO.					

1 -	FOR STATE REGISTRAR			DEPAR		ICATE OF DEAT		ENE Ö 4).	5	5
	EASED NAME	FIRST	7	MIDDLE	l	AST			MONTH DAY	YEAR	2b. HOUR
(TYPE C	OR PRINT)	LEON		S.	H	OOK	l	June 14,	1984	:	1:15P
3. SEX			4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
	Male		Whit	:e	Foht	uary 27	EAR 891	93	YRS.	VIHS DAYS	HOURS MIN
7a. BIR	THPLACE (STATE C	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARR		BALTIMORE CITY O		FDEATH	
	rainia		11 9	Δ	WIDOWE	_		Baltimore	Count	У	٨
	Y OR TOWN OF D	EATH		HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUT	ION	12a USUAL OCCUPATION		12b. KIND O	F BUSINESS C
Fou	US ON.	_/		View Nu		Home		Manager			ia Gas
USUAI 13a. ST	L RESIDENCE (IF NO	IRSING HOUSE OR	OTHER INSTITUTION.		ORE ADMISSION)	13d, INSIDE CITY LI	COTIAL	13e STREET ADDRESS /		0042001110	
	ryland		gany	Cumberl		YES X NO			land A	ve. /	21502
	HER'S NAME		-			15. MOTHER'S MA	IDEN NAM	E	COUNTRY TO	7	2.7002
	Edward	/	WIDDLE	Hook		Blanc	ho	MIDDLE		Chos	well
	AS DECEASED EVE			16b SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS	o ces	weat
	yes	w.w		214-05-		Margaret	L. B	wrdette - (Glen Ar		ryland
- 1	PART I. DEATH	ATH (Enter on	ly one couse per O BY:	line for (a), (b), a	and ICI	-					MATE INTERVAL
- 1			E CAUSE (0)	END 57	AGE	REMAI		DISEASE		10	YR.
NO	underlying cou		ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO 1	HE TERMI	NAL DISEASE OR CON	DITION GIVEN	I IN PART 110	
HCA	90 DATE OF OPER	RATION	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING CAUSES	GS USED OF DEATH?
· ~ 1	210, ACCIDENT WAS U	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJUS		I OR PART ?)	
MEDICAL	21d. INJURY OCCU	WHILE VORK	21e. PLACE	OF INJURY REET, FACTORY OFFICE	FARM ETC)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		osed alive an		14 19	p4,01		opinion d	, to JUNE / eath occurred an the do	19 nte and hour a	nd from the	
	22b. SIGNATURE	lan	110%	by	7	PHYS	IDING ICIAN	MEDICAL STAI DIRECTOR PHYSIC	F IAN []	22c. DATE 6/1	5/84
	22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e. ADDRESS					
	Sam	uel I.	O'Mans	ky M.D.		8405	Lock	n Raven Blv	d		
23a BL	JRIAL, CREMATIOI		236. DATE		NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		OUNTY	STATE
	rial		6-17-8	4 HA	elecre	st BUrial	Park	Cumberlan			CoMd
24 FUI	NERAL DIRECTOR	George	-Upchur	ch Funer				REC'D. BY REGISTRAR			
			•	land. Mo		•	1	IN 20 1984	relia De	avidson-	Mandall.

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.		
NOTICEASED NAME FIRST	MIDDLE	LAST	20 DA	TE OF DEATH MONTH	/ DAY YEAR	26 HOUR
MACG-A	let I	Hoove	RVC	10 /29/	84	8:10 Pin
3: SEX	RACE	5. DATE OF BIRTH	6. AGE	[IN YEARS LAST BIRTHDAY]	HE UNDER I YEAR	IF UNDER 24 HRS
Female	White		1920	63 y	RS.	TOURS MAIL
	b. CITIZEN OF WHAT COUNTRY?	B	9. BAL	TIMORE CITY OR COU	INTY OF DEATH	
North Carolina	TI C A	MARRIED NEVER	NORCED TO	ALTIMA	10. CO	ULITYMO.
10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER IN	STITUTION 12a US	SUAL OCCUPATION	126 KIND C	
TOWSON MO	(IF NOT IN SUCH FACILITY, GIVE STREET	S HOSPITA	11	ousewife		n Home
USUAL RESIDENCE IN NURSING HOME OR C						11111
Maryland Balt	imore Monkto			REET ADDRESS / ZIP C		////
14 FATHER'S NAME	IMOLE MOLIK CO		R'S MAIDEN NAME	of Sheppe	ILG NOAG	
FIRST	IDDLE LAST	- 1	FIRST	MIDDLE	C	
Blaine 160 WAS DECEASED EVER IN U.S. ARM	Phillip AED FORCES? 166 SOCIAL SECU		ary	Etta		21120
(YES, NO OR UNKNOWN) I # YES, GIVE	WAR OR DATES) 214-18-		th Y. Pea			
No	_ 214-10-	9734 Judi	til I. Pea	1150,1001		
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line for (o), (b), one	dieu.		5011111	BETWEEN	ONSET AND DEATH
IMMEDIATE	M(/ / / / / / / / / / / / / / / / / / /	KEZAIR	RATORY	KUITOI	KL	
	DUE TO, OR AS A CONSEQUE					
Conditions, if ony, which	(b) CHROWIC	OBSTRU	TIVE PU	LMONA	RY	
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		DISEASE	- 1	
underlying cause lost.	(et (c)					
	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATE	D TO THE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART 11	a
TIG. ACCIDENT WAS UNDERLYING						
S 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PER	ORMED 200		IF YES, WERE FINDII ERTIFYING CAUSES	
H .			YES		YES 🗌	NO 🗌
71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA		INJURY OCCURRED (EN	NTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEAT	P.M.	19				
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA		CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK	TAT HOME, SIREET, FACTORY, OFFICE, F	ARM, ETC)	1			
22a.1 certify that ((this haspite	ol) attended the deceased from_	06-15			19. 34	that (I) (we) last
sow the decreased alive on above, (I) (133 (IIII) distant	view the body after death.	3 4, and that in (m	y) (ay) opinion death o	occurred on the date and	d hour and from the	couses stated
22b. SIGNATURE		DEGREE	ie rosy)		22c. DATE	SIGNED
P.V	1 (orten	MD.	ATTENDING MED	CTOR PHYSICIAN	1 6-3	29-84
224 PHYSICIAN'S NAME (TYPE OR		27e. ADDR			A	and the second
RUPAK	C. MITRR,	MD ST.	20 saph	Hospita	1 28	
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY O	R CREMATORY 23d	LOCATION		

BP DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

es that the

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

IMPORTANT: If them 21 is marked or Jem 18 shows any injury, ar other traumatic event, the

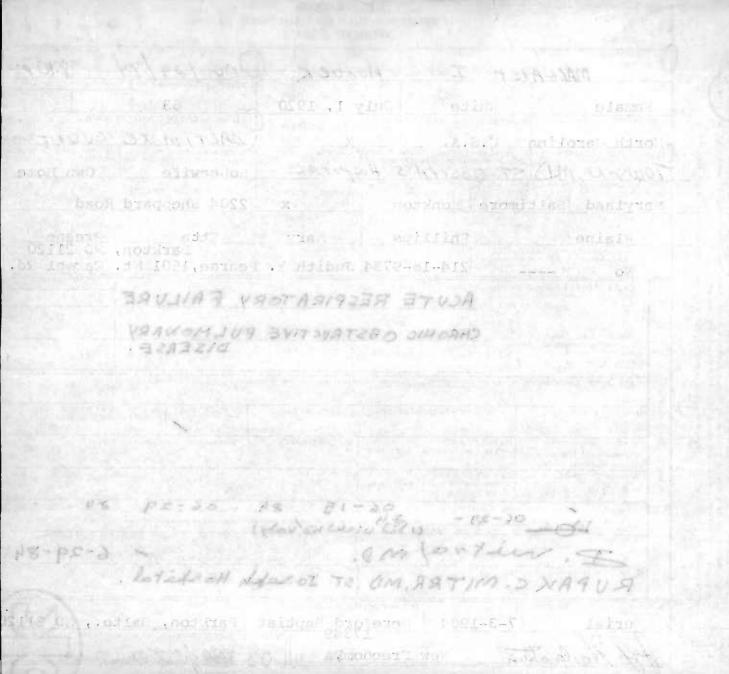
(VRA 15, 4)

Burial 7-3-1984 Hereford Baptist

Parkton

ist Parkton, Balto., MD

New FreedomPA getenstein



BP.

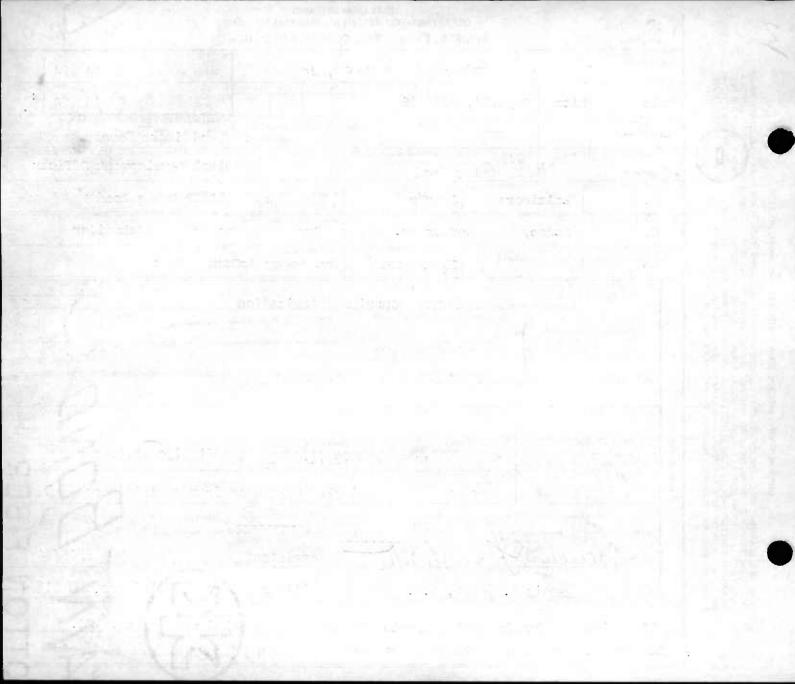
DHMH - 17

(VR A15 ME (5)) 20M 4/82

1	1 - 5	OR STATE REGISTRAR			STAT DEPARTMENT OF H DICAL EXAMINE	EALTH			TH	s. No.	5 3 2	Û
1		CEASED NAM	E FIRST	Rod	ney Ho:	rner	, Jr		20. DATE KNOWN OF ESTI- DEATH MATED		14 ₁₉ 84	26 HOUR
	SEX Ma	le	4. RACE White	Sept. 14,	T I N	Y) MONTH		R 24 HRS.	?c. DATE PRONOUNCED DEAD	монтн	14 ₁₉ 84	5:20 P. M
5	Ma	RTHPLACE (5 REIGH COUNTRY) Tyland		USA		WIDOW		CED 🐮	Baitimore CI	ore Cou	inty	MD.
Ŋ	Sp	y or town barks	1	6529 Dubb			ER INSTITUTION	Hos	DICAL PRINCES	elopme:	nt Offic	er
5	13a SI	ATE ATE		r other institution, giv IY Imore	Sparks	N)	13d. INSIDE CITY LIMITS?			bbs Ro	ad 2/16	52
2	14. FA	C. FIRST	Rodn	iey H	lorner Sr.		IS. MOTHER'S MAID		ae MIDDLE	Schn	eider	
	(YE	AS DECEASE S, NO. OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY 220-24-392		Dr. Pegg	McC	uen Sam			
	NO	gove ri couse (o lying cou	ns, if ony, which se to immediate stating the <u>under-</u> use lost.	(b)	Carbon Monc AS A CONSEQUENCE O AS A CONSEQUENCE O)F					 	
7	TIFICATI		OPERATION		ION FOR WHICH OPERA						20 AUTOPSY	КХои
	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	AL CAUSE WAS OR OR OCCURRED NOT WHILE AT WORK	P.M.	. MONTH DAY YEAR 6 14 19 84 DF INJURY (ATHOME, ORY, FARM, ETC.)	1 hos	ow INJURY OCCURR Se attache Ignition r CATION 5529 Dubbs	d to unnir	tail pipe	Baltin	car) STATE
-			fy that I took charge		Accident , Suic	Autop		Under	Inquiry , termined manner .	ond in my of , DATE SIGNI	6/15/8	34
1	23. 6	EXAMINER'S (TYPE OR PRI	NT) Denn	is F. Smy		FIERV	TID DINESS.		Street, B	altimor	re, MD 2	1201
	24 FL	Cremat UNERAL DIREC	CTOR	Tune16,198	34 Westview timore, Mary	v Men	norial	Ba REC'D. B'	altimore Y REGISTRAR 255	Balto. REGISTRAR'S S	Md.	ATE

JUN 1

9 1984



executed within 24 hours after death

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transfer person process comove corbon papers. Pages I and 2 should be filled with a should be person of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEIC ATE OF DEATH

T	1 -	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.		-	la !
		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF		NTH DA	Y YEAR	26. HOUR
. [(TYPE	OR PRINT)	Augu	st Jo	seph	Hrdli	cka		June	5, 1	984		9 A.
3	. SEX			4. RACE		5. DATE C		YEAR	6. AGE (IN	EARS LAST BIRTHDA		UNDER 1 YEAR	HOURS MIN
	2	Male		Whi	.te			1910	74		YRS.		
17		RTHPLACE (STAT	OR FOREIGN	76. CITIZEN O	F WHAT COUNTI	RY? 8.	D NEVER	MARRIED -		RE CITY OR C			
1	В	alto. (USA	WIDOWE	D D	ONORCED	Ba	.ltimo	re C	0.	/ A
1		eister:		(IF NOT IN SI	F HOSPITAL, NUF UCH FACILITY, GIVE ST Glyndo	REET ADDRESS)		STITUTION	TYPE OF WOR	red C	DRKING LIFE)	INDUSTRY	F BUSINESS C
2	USU 4 13a. S	AL RESIDENCE (# TATE Md	13b. COU		13c. CITY OR T		WIFF 🗆	CITY LIMITS?		address Lyndo	n Dr	ive	21136
21	4. FA	THER'S NAME FIRST Charle	S	WIDDLE	Hrdlic	ka		S MAIDEN NA FIRST ary	ME	WIDOFE	Cozlo	ousky	
1		AS DECEASED E	VER IN U.S. A		166 SOCIALS	ECURITY NO.	17. INFORM	ANT		ADDRESS		*	
	(4	ES, NO OR UNKNOWN	(IF YES, G	VE WAR OR DATES)	218-0	9-7185	Mr.	James	Muell	er Rei	iste	rstow	n.Md.
1		18 CAUSE OF D	EATH (Enter o	nly one couse n	er line for (a), (b)			-					IMATE INTERVAL ONSET AND DEAT
	NO	underlying c		CONDITIONS (CONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CONDIT	ION GIVEN	N IN PART 1	0
2	CERTIFICATION	190 DATE OF OP	ERATION	19b. CON	DITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	200 AUTO				NGS USED OF DEATH?
7	-	210. ACCIDENT WA			OF INJURY A.M. MONTH		21c. HOW	NJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PAR	T OR PART 2)	16.0
	MEDICAL	(IF EITHER, NOTIFY			P.M. E OF INJURY	19	21f. LOCAT	IÓN					
1	ME	WHILE N	OT WHILE I		STREET, FACTORY, OFF	ICE, FARM, ETC)	STRE			CITY OR TOWN		COUNTY	STATE
				ital) attended	the_deceosed fro	10	12	10	3 10	15-	3/ 10	84	that (I) (we) k
1		sow the de	eosed olive o	7-	3/		nd that in (m)	y) (our) opinion	death occurre	d on the dote	and hour o	and from the	couses stoted
		22b. SIGNATURE		ot) view the boo	dy offer death.		DEGREE		/			22c. DATE	SIGNED
		4431	100	Mu	reen	1	Un	ATTENDING PHYSICIAN	MEDICAL	STAFF	4 🗆	6-	6-84
		22d. PHYSICIAM	S NAME (TYPE	G(PRINT)	evilla		220. ADDRE						
		BURIAL, CREMATI Burial	ON, REMOVA			?3c. NAME OF C				ORTOWN		COUNTY	STATE
	1	ourlal		June	8,84	Balti	more	Cemete	ry	Balti	Lmor.	- Md-	

DHMH - 16 50M 4/B2 (VRA 15, 4)

FOR

24. FUNERAL DIRECTOR
NAME
Eline Fun Reisterstown, Md. Funeral Home

Baltimore.Md

STATE OF MARYLAND

8	44	1	5	, i	. 3	0
	REG. NO.				dies	4

1	STATE REGISTRAR			EALTH AND MENTAL I	HYGIENE B	NO.	5	22
	CEASED NAME FIRST	MIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR D
JIYPE	Helen	Louise	Hun	it		06 28	84	2:15 M
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST		FUNDER I YEAR	# UNDER 24 HRS HOURS MIN.
	Female	White	12	17 13	70	YRS.	DNIHS DATS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
M	aryland	USA	WIDOWE		□ Baltimo	re Count	ty	MD.
10 C	TOWSON	(IF NOT IN SUCH EACH	ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS) TOWSON NURS		17a USUAL OCCUP. (TYPE OF WORK FOR MO! Secetar	ST OF WORKING LIFE)		of Business or
USU/ 13a. S	AL RESIDENCE (# NURSING HOME COL STATE 136 COL MD Bal	INTY 13c.	esidence before admission) City or town therville	13d. INSIDE CITY LIMITS	2 13e STREET ADDRES		21093	
14. F.A	ATHER'S NAME	MIDDLE	EAST	15. MOTHER'S MAIDEN	NAME		LAS	
		Albert	Nash	Sarah	Berth		Kurt	
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166.	SOCIAL SECURITY NO.	17 INFORMANT		DRESS		
(YES, NO OR UNKNOWN) (IF YES, G	- 21	5-03-6578	Dulaney Tow	vson Nursing Ce	nter Reco	rds	
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS	Chronic rer	opathy			2 yea	
	couse (a), stating the underlying couse last	DUE TO, OR AS	consequence of labetes me	litus				
NO	PART 2 OTHER SIGNIFICANT Congestive			NOT RELATED TO THE T	ERMINAL DISEASE OR CO)NDITION GIVE	N IN PART TO	0,
TIFICAT	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EAIR	URY MONTH DAY YEAR 19		CURRED (ENTER NATURE OF I	YJURY IN ITEM IB PAI	RII OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	IJURY ACTORY, OFFICE FARM, ETC }	21f. LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive a above, (1) (was (dist)) (dist)			, 17	ion death occurred on the	date and hour		that (I) (%) last
	226 SIGNATURE	وسام		DEGREE ATTENDIN PHYSICIAI		TAFF SICIAN [12c. DA/E	SIGNED
	Donald O. W			York Rd.	& Greenme	adow D	r. Tin	2/1093 nonium
23a l	BURIAL, CREMATION, REMOVA	7/2/84	23c NAME OF C Dulane	emetery or crematory Valley M	em. Timon	ium I	Balto.	Mď.

DHMH - 16 50M 4/83

etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director. I should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the medica

IMPORTANT: If them 21 is marked at them 18 shows any

24 FUNERAL DIRECTOR E. Lowell Lemmon (VRA 15, 4)

10 w. Padonia Rd.

JUN 29 BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Balto. Mď. .ought, the second of the seco Canal canal latters suffice sado-la fil without . Three and the late to the Pagale C. Tane, Mark

BP.

DHMH - 17 (VR A15 ME (5)) 20M 4/82

	STATE OF	MARYLAND	
	MENT OF HEAL		
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

DE	REGISTRAR		ME	EDICALE	XAMIN	ER'S CE	RTIFICA	ATE OF	DEAT	H	REG. NO		63	Car C
	EASED NAM ORPRINT)		STON	Lee		HURLEY	, Jr			DATE KN OF DEATH M	:511-	6-12-		AR 2b. He
3. SEX	ale	4. RACE White	5. DATE OF BIRTH DAY Oct. 24	YEAR	6 AGE (IN YEA LAST BIRTHOW 29 YR	(Y) MONTHS				DATE ONOUNC DEAD	ED	MONTH 6-12-		2d. H
50	THPLACE (S REIGN COUNTRY) Maryl: TY OR TOWN	and	76. CITIZEN OF W			WIDOWED		DIVORCE		Balt	more	COUNTY County	ty	
To	WSON L RESIDENCE	(IF IN NURSING FOM O	OTHER INSTITUTION, C	SIVE RESIDENCE	ST HOSP	ital			FOR MO	anag	er	- OI WORK	Glid	den den
	TATE arylan THER'S NAMI		ord		oppa		d. INSIDE CITY YES MOTHER'	NO 🛣	60		rbors 210	side I)r.,A	
	restor	n I	MIDDLE LEE		urley,		Do:	ris			rrain ADDRESS	e	Kn	app
>	S/2 Canditia gave ri	ns, if any, which ise to immediate	E CAUSE (a) V DUE TO, O	R AS A CON	Le inju									
	lying co		(c)		SEQUENCE C									
IFICATION	PART 2 OTHER S		(c)	N BUT NOT RELA		INAL OISEASE OI			1 (6)				20 AUTOI	
CAL CERTIFICATION	PART 2 OTHER S 19a DATE OF 21a EXTERNA UNDERLY INC	FOPERATION AL CAUSE WAS S X OR ING CAUSE OF D	ONTRIBUTING TO DEATH 196 COND 216. TIME C 19 DEATH	N BUT NOT RELATED THE PROPERTY OF THE PROPERTY	TEO TO THE TERMI WHICH OPERA DAY YEAR -84 ₁₉	ATION WAS	PERFORME VINJURY O	ED?	(ENTER NAT				YES X	× 110
MEDICAL CERTIFICATION	PART 2 OTHER S 19a. DATE OF 21a. EXTERN. UNDERLY INCONTRIBUTI 21d. INJURY 6	FOPERATION AL CAUSE WAS S X OR ING CAUSE OF D	196 COND 216. TIME C 19 DEATH 216. PLACE	N BUT NOT RELATED	DAY YEAR -84 19	ATION WAS	PERFORME VINJURY O	ccurred	(ENTERNAT	o col	lisio	on (he	yes ≰ ead−or	ж NO
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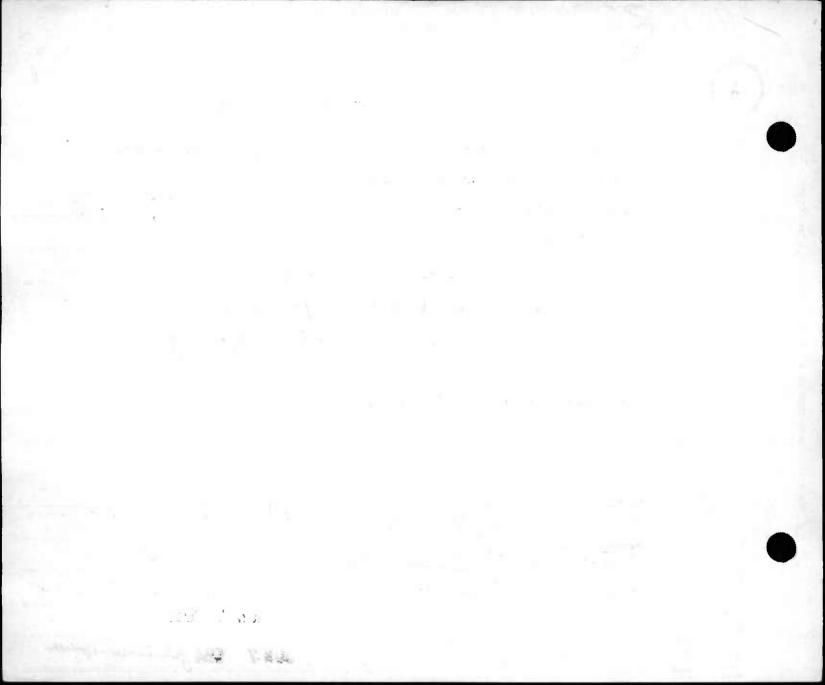
vson, 10 W. Padonia Rd.

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es ascist for any armit are ye bulleting and the same a does a selection of the Hillaniassorumi vol., my ud., idamolist CO-12-112

34)	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.							5	3 2 4	
		CEASED NAME FIRS	NEST	MIDDLE /	51	ACK SON		6 6	84	3.30/m
	3. SE	Male	4 RACE Blac	k	5 DATE C		4. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
the funeral dir.	L.	IRTHPLACE ISTATE OR FOREIGN COUNTRY VIrginia ITY OR TOWN OF DEATH	II. NAME OF	7b CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (F NOT IN SUCH FACILITY, GIVE STREET A		D NEVER MARRIED & D DIVORCED TO THER INSTITUTION	Baltimore City OR COUNTY OF DEATH			MD.
ours of	USL	Catonsville AL RESIDENCE (IF NURSING HO STATE 1136 C	Tawes	Tawes Nursing C			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. STREET ADDRESS P. D. BOX 3235			-010h
bin 24			Baltimore	Baltim		136. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN N	Catonsvi		laryla	and the same of th
complete	V	wilbe		Jackson		FIRST	Rehecca ADDRESS		Tucker	
n and Pages		WAS DECEASED EVER IN U.S. (16 YES, NO OR UNKNOWN) (16 YES)	S ARMED FORCES? S, GIVE WAR OR DATES!	522-71-5		Rose J. M	urray 2650			errace
strificate by physiciar an papers:		PART I. DEATH WAS CO	ter anly ane cause pe AUSED BY EDIATE CAUSE (a)	r line far (a), (b), and	ista	lu dises	ye_		BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Canditions, if any, which		OR AS A CONSEQUE		a mel c	ant + Ton	que:		
by the ise remo		gave rise to immediate cause (0), stating the underlying cause las	DUE TO, C	DR AS A CONSEQUE			0	0		
equires that is signed I Then pleated to burial injury, an	NO O	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	21
NN. The law re hysician icate has been transit permit. Hygiene prior 18 shaws any i	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN		OF DEATH?
HYSICIANI II ding physici is certificate burral-transi Mental Hyg or Hem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A	DE INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART	T I OR PART 2)	
PHY lendi this he by nd M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	4 - 5 - 6 - 6 - 6 - 6 - 6	OF INJURY IREET, FACTORY, OFFICE, FA	ARM, ETC. [211 LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATE
ortol TOR For us		22a.1 certify that (I) (this hospital) attended the deceased fram 26~, 19 8, to 6, 19 4, that (#r (we) last saw the deceased alive an above, (I) (we) (did) (did not) view the body attended to detail and the course stated above, (I) (we) (did) (did not) view the body attended to detail and the course stated above, (I) (we) (did) (did not) view the body attended to detail and the course stated above, (I) (we) (did) (did not) view the body attended to deceased a large to detail and the course stated above.								
the hasping		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
O HOSPITA rioired by O FUNERA hould be d		DARSHA	N. S. S	ALUJA	MD	TAWES N	14, Calins	A	21	228
BP	230	burial, cremation, remo BURIAL	23b. DATE 6/8/	84 Md	. Ve	emetery or crematory teran Ceme	tery Crown	svil1	e,	· bM°
DHMH-16 20M (VRA 15, 4) 7/7B	24 F	UNERAL DIRECTOR	/H Inc.	ADDRESS 1101 E N	orth	8.6	ATE REC'D. BY REGISTRAR	150 REGISTRA	IR'S SIGNAT	URE

STATE OF MARYLAND



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	FOR	DEPARTMENT OF HEAL	LTH AND MENTAL HYGIENE	5021
1	= STATE REGISTRAR	MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST	WINDLE	LAST 20. DATE KNOWN M	AONTH DAY YEAR 2
((TYPE OR PRINT) ALALA	P. JOHNCHN	OF ESTI- DEATH MATED	10
3	SEX 4 RACE	2011111	UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	Tune 17 YEAR
1	14/	MONTH DAY YEAR LAST BIRTHDAY) MC	ONTHS DAYS HOURS MIN PRONOUNCED	1.1617 (14)
1	1 100	Jan. 14,1923 61/RS.	DEAD J	NZI 19XT
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8. MA	ARRIEDX NEVER MARRIED	
7	Coordia	11.S.A.	owed n Divorced Ba; timore C	
10	CITY ON OF DEATH	IT. NAME OF HOSPITAL, NURSING HOME, OR C	100 1100 1100 1100 1100	
O	Rossville		Apt 1 C Supervisor Dept	Social Serv
	SUAL RESIDENCE (IF IN NURSING HOME ID. STATE 13b. COU	SE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JNTY 131. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e STREET ADDRESS	27227
5	Maryland B	Baltimore St. CHYOKTOWN	YES NOXX 132 STREET ADDRESS NOXX 12 12 Parham Circ	cle Apt 1'C
14	I. FATHER'S NAME		15 MOTHER'S MAIDEN NAME	
3	FIRST	MIDDLE	Ozlla W.	ilder
_	Lee MAS DECEASED EVER IN U.S. A	Payne ARMED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	Traer
1	(YES, NO, OR UNKNOWN) (IF YES, GIV	IVE WAR OR DATES)		Parham Cir
=	No	225-42-2427	Mr. James D. Johnson 12	APPROXIMATE IN
	PART I DEATH WAS CAUS	only one cause per line for (a), (b), and (c),) SED BY:	CLEROTIL CARDIO-	BETWEEN ONSET A
	lying cause last. PART 2 OTHER SIGNIFICANT CONDITION	(c)	SEASE OR CONDITION GIVEN IN PART 1 (a).	
- 2	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED?	20 AUTOPSY?
2	Ĕ	and the same of th		YES 🗆
2	210 EXTERNAL CAUSE WAS		CHOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	
		HOUR A.M. MONTH DAY YEAR P.M. 19		
1	214 INJURY OCCUPPED	21e PLACE OF INJURY (AT HOME. 21f.	LOCATION	
A Chica	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CITY OF TOWN	COUNTY
	AT WORK - AT WORK			
	72s I certify that I took char	arge of the Amujes described above, held an Au	itapsy 🔲, Inspection 🔲, Inquiry 🔼 and in	my apinian
	death resulted frum: Not	tural courses Accident , Suicide	, Hamicide Undetermined manner .	
	Man	V-la .ai	TITLE (SPECIFY)	1/101
	ACTUAL SIGNATURE	Muera	M.D. DEPUTY MEDICAL EXAMINER	DATE 6/8/
2	Jn.	1 1 11100.	1311 WESTERNRU	INRO
4	EXAMINER'S NAME (TYPE OR PRINT)	JUL FGUERIH	M.D. DEPUTY MEDICAL EXAMINER 1311 WESTERY RU ADDRESS COEREYSVILLE	E MO 21
2	Bo. BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETER		
	B. BOWN ES CRESMATION, RESMOTAE		TOR CREMATORY 1236 LOCATION	
	(SPECIFY)	6/21/84 Peninsula M	CITY OR TOWN	
24	(SPECIFY)	6/21/84 Peninsula M	Memorial Newport News 1250 DATE REC'D. BY REGISTRAR 126 REGISTRA	COUNTY STAT
	Burial	ADDRESS	Memorial Newport News	COUNTY STAT

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may b		ĺ	Bod	å,	with the State Dept. of Health and Mental Hyperes prise to burial, cremation, ar removal.
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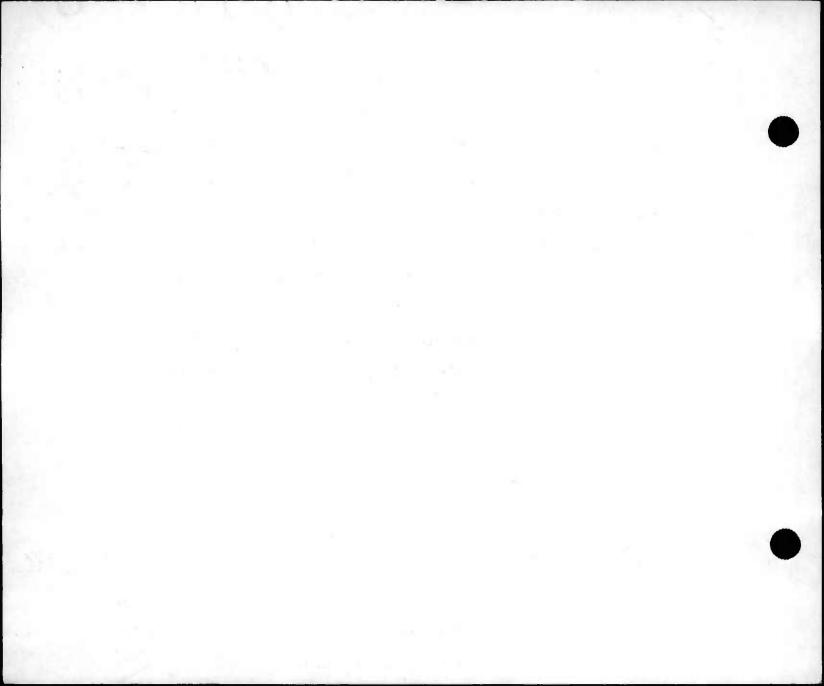
STATE OF MADVIAND FOR STATE

STATE OF MARTEARD
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO).		
		WIOOFE	(AS	Т	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(TYPE	ORPRINT) CHERL	is k.	JOHE	1500	Juns	108	1	8:15 M.
3. SEX	(4. RACE			6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.
T. DECEASED NAME (1797 OF PRINCI) 3. SEX 4. RACE 5. DATE OF BIRTH ANDRE OF HORTH 5. DATE OF BIRTH 5. DATE OF BIRTH 5. DATE OF BIRTH 6. ACE INTRASSAST BRITHOAY 78. BIRTHPLACE (STATE ORTORIGO) 78. CITIZEN OF WHAT COUNTRY) 8. MARRIED 19. MARRIED 10. NOVER MARRIED 10. NOVOKED 10. DIVER MARRIED 10. DONORCED 10. DONORCED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. DONORCED 10. DONORCED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 10. DONORCED 10. DONORCED 10. NOVOKED 10. DONORCED 1		MOURS MIN.						
		76. CITIZEN OF WHAT COUNTRY?	8	C NEVED WARRIED C	9. BALTIMORE CITY OF		HTASC	
(1)	ARTLAND	U.S.A.	WIDOWED	DIVORCED [BALTICO	OR C	.0UF	TY MD.
10 CI	TY OR TOWN OF DEATH			OTHER INSTITUTION				F BUSINESS OR
to	iwson-	MANOR CARS	- RU	XTON	- 0		KSZ	. B35R
13a S	ARYLAGO BOL		N 11	YES NO NO	8507 W	ZIP CODE	L A	chloh34
14. FA		MIDOLE LAST	ין				LAS	T
(HARISS 1	D. JOHNSO	00	ALMA		W	STI	10
			RITY NO. I	17 INFORMANT	ADDRE	SS		
10	(IF TES, GI	216 07°	1890	FAMIL	RECORD	5		
	PART I. DEATH WAS CAUSI	ED BY: Shound	*	u			BETWEEN C	MATE INTERVAL ONSET AND DEATH
NO	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	o; ratory	failure))ITION GIVEN IN	N PART lic	9
TIFICATI	19a Date of Operation	196 CONDITION FOR WHICH	OPERATION	WAŠ PERFORMED	IN CERTIFYING CAUSES OF DEATH			
	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
MEDI	WHILE IT NOT WHILE IT				CITY OR TOV	VN (OUNIY	STATE
					to	, 19		that (I) (we) last
	saw the deceased alive of above. (I) (we) (did) (did A	21) yew the body ofter death.	, ond	that in (my) (our) opinion o	death occurred on the da	te and hour and	from the	causes stated
		Well	DE	ATTENDING _		F		
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		_		
	DR. ROBSET	ROUBLAOFF		7652-A	BILAIR	ROAL)	
23a. E	BURIAL, CREMATION, REMOVAL	L 236. DATE 23c. N	AME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	ro	UNTY	STATE
G	JURIAL	JUNS 18 19184 4.	eu ch	LEMSTIR4	LADYSR	JRY - FRI	, Q 5 R	24x MO.
24 FL	JNERAL DIRECTOR		8800	259 PATE	REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNAL	HELDER
2	PARS CHAPS	ADDRESS ADDRESS	HARE	^ - I - I I I I I	1 1 9 1984	- walled	101-10	A

BP. DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in thy the funancial director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hourn at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital or attending physician

BP DHMH - 16 50M 4/83 (VRA 15, 4)

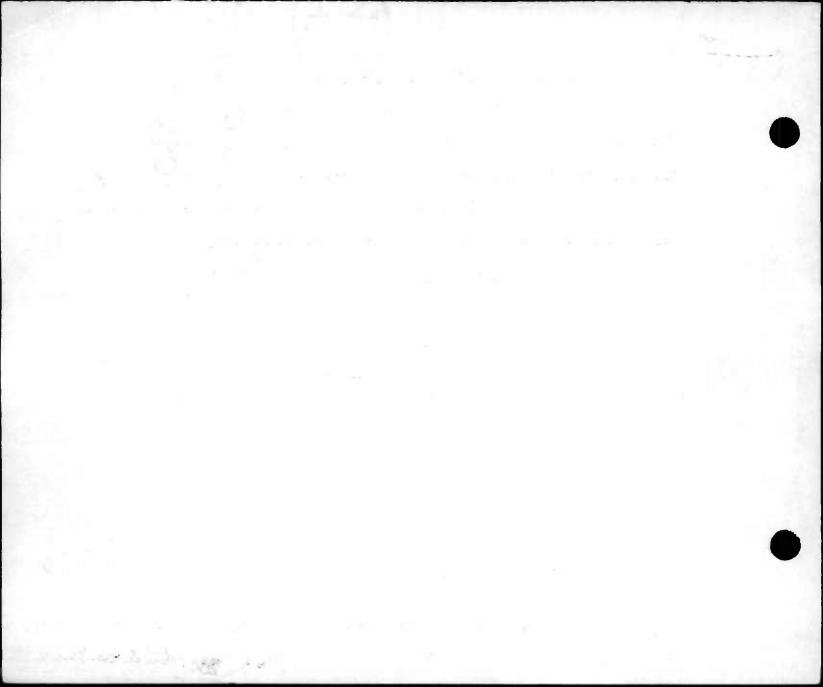
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical executable

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

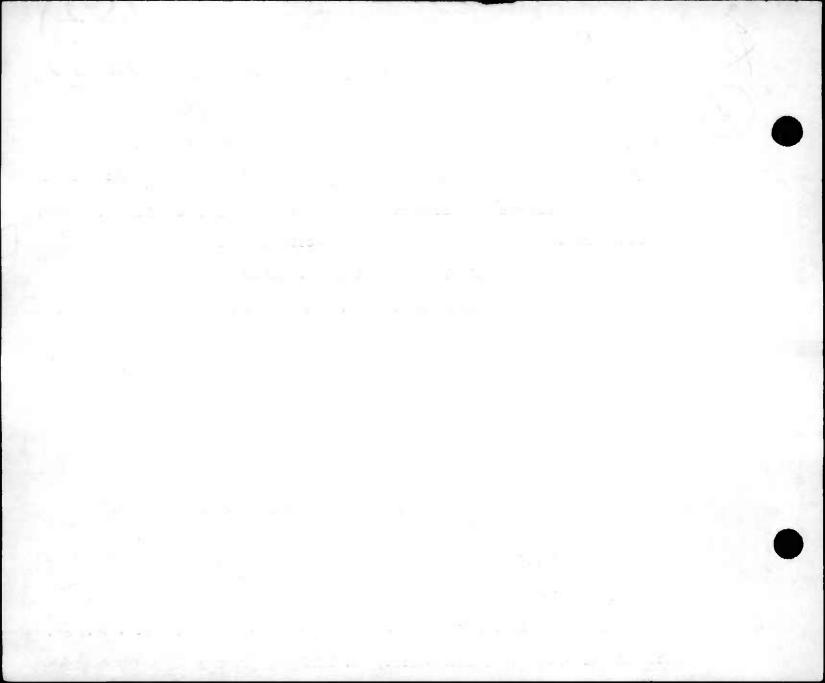
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	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. N	0	2 0	£., O
		EASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
	(TYPE	OR PRINT)	es w	JOM	WEAN		6 2	9/1	2.410 M
	3. SEX	4 /4/11/	1 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
		00	B	MONTH	DAY YEAR	5 4		ITHS: DAYS	HOURS MIN.
	7a. B18	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? B		9 BALTIMORE CITY C	YRS. COUNTY OF	DEATH	
7	P	VILA. PA.	1169	MARRIEI	DEVER MARRIED L	BANY	e co	UNT	4 MD.
/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF	BUSINESS OR
2	Ra.	NBALLS TOWN		covary	y you love	A haran		INDUSTRI	
~	USUA 13a S	TATE 136 GOUN		RTOWN.	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE		
7			TO KOUN	EARN	YES NO		KTRID (GB RL	7
1	Ca	THER'S NAME	JOHNSON LAS	ī	15 MOTHER'S MAIDEN N	THOMS	= 2	2/201	7
			E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDR AND NO EN	4		
		Na	27000	325421	777/6710			A SPRAYIM	ATE INITEDVAL
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line for (a), (D BY:	bi, and ici	11.05	To		BETWEEN ON	ATE INTERVAL ISET AND DEATH
		11 - JAMEDIAT	E CAUSE (o)	dial	asygm	7 E.		-	
		7254	DUE TO, OR AS A CONS	0 . /	. 6 , , ,				
		Conditions, if only, which gove rise to immediate	(b) RITE	renory	C. H.				
		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	Mura 23	Candian	W ODI	athu	
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DI ION GIVEN	IN PART To	
	CERTIFICATION	End sto	ase nengi	dise	930	4	′ ′	/	
1	CAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
	HE					YES NO	YES [NO 🗆
7		71a. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INSU	RY IN HEM 18 PART	1 OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA	1177	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	DEEKE FARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	2	AT WORK AT WORK							
		22a.1 certify that (I) (this hospit	tol) ottended the deceased f	from	. 19	, to	19,	, the	at (1) (we) lost
		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body after death.	_19, or	nd that in (my) (our) opinio	n deoth occurred on the d	ote and hour or	nd from the co	uses stated
	- 4	77h SIGNATURE	, //	1	DEGREE			224 DATE SH	GNED
1		Haples A	Syech	()	ATTENDING PHYSICIAN	MEDICAL STA		6/2	184
		1776 PHYSICIADES NAME TURO	e nebut		22e ADDRESS			/ /	
		HAFEEZ	A SYEDA	1)	BALTIMOR	E COUNT	Y BE,	V HO	281)
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	, c	OUNIY AS AL	STATE de
	/	SURIAL	16/8/84	Wo	WILBUN		pont,	My 2	1407
	24 FU	INERAL DIRECTOR	1264 200	ofen in	(L) 250 D	ATE REC'D. BY REGISTRAR	1		RE
	1	1 R I I wom	EUIN 91	yrn vy	19	1111 5 400 4	I Lulia Ja	undran-A	Onda III.



STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral of ectiving and should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pages 1 and 2 bould be filed within 2 her contractors.		3
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral differing pages should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 2 has removed for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 2 has removed for the particular transfer of the particular transfer of the particular transfer of the page 1 and 2 should be filed within 2 has removed to the page 2 and 2 should be presented by the page 3 and 2 should be presented by the page 3 and 3 should be 3 should be 3 should be 4 sh	IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and acceptable for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed within 2 has used in the buriol-transit permit.	

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO	D.		
1. DEC	CEASED NAME OR PRINT)	Annie	-	MIDDLE ae		ones	June 1	7, 1984	YEAR	2b. HOUR 12:40.P
3 SEX	emale		4. RACE Blac		5. DATE O		6 AGE (IN YEARS LAST BIR)		TAYS 12	IF UNDER 24 HRS HOURS MIN.
N	RTHPLACE (ST. DUNTRY)	nd	U.S.	A.	WIDOWE		Baltimore City o	re Co.,		MD.
Æ	ry or town o	ille	Pikes	HEACHITY, GIVES	Nursi	ng Center	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) Domestic	F WORKING LIFE) IND	KIND O DUSTRY	OF BUSINESS OR
130. S Ma	aryland	NA COUNT	roll	13c CITY OR		13d. INSIDE CITY LIMITS? YES NO X		eaker R	d.(21784)
	Ther's NAME FIRST Thor	nas	MIDDLE	Myer	S	15. MOTHER'S MAIDEN NA LOUISE	WIDDIE	Do	rse	т У
16a. W	VAS DECEASED	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	72	4-8913	Anita Sing	cleton, 608	Monroe	St	
NO		ony, which	(b) DUE TO, O	R AS A CONSI		LIDN , C P	PIR ANDR	PRELIDOR DITION GIVEN IN	PART 1(0	01
CERTIFICATION	19a. DATE OF O	PERATION	19b. COND	ITION FOR WH	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (YES [E FINDIN CAUSES	NGS USED OF DEATH?
MEDICAL CER	(IF EITHER, NOTH	G CAUSE OF DEA	21e. PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OF	om 84, on	216. HOW INJURY OCCUR 216. LOCATION STREET , 19 d that in (our) opinion DEGREE ATTENDING PHYSICIAN 226. ADDRESS 6804 PA	to deoth occurred on the do	wn co	DUNTY	state tho (i) (we) lost couses stoted SIGNED
23a. B		ion, REMOVAL	23h DATE 6-22-		736 NAME OF C	METERY OR CREMATORY View	23d. LOCATION CITY OR TOWN	Carr		. Md.

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, A

24 FUNERAL DIRECTOR

Charles W. Burrier, Jr., Sýkesville, Md.

24 DAN 1902 BY BELFARISH REGISTRAS SSIGNATURE

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1.04.82	June 12, 19th		Pac	ains Annie
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		X	with the same	
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within 24 hours.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		1	
I. DECEASED NAME	FIRST		MIDDLE	-	AST	20 DATE OF DEATH	MONTH DAY	YEAR	76 HOUR	
(TYPE OR PRINT)	Willi	am T.R.	Jones			June 24,	1984		٨	
3. SEX		4. RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF U	HS DAYS	H UNDER 24 HRS	
male		white	2	Aug	gust 10,1920	63	YRS.		HOURS MIN.	
To. BIRTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
New Jersey	7	USA		WIDOW		Baltimore	County		M	
Catonsvill			HOSPITAL, NURSIN CHEACILITY GIVE STREET / airfield		OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Educator	DE WORKING HEEL	NDUSTRY	BUSINESS OR	
USUAL RESIDENCE (# N 130. STATE Maryland	URSING HOME OF		GIVE RESIDENCE BEFORE 13c CITY OR TOW Catonsvi	N ₁ · 1	13d. INSIDE CITY LIMITS? YES NO (2)	13e STREET ADDRESS	(Zp CODE Leld Dri	ve 2	1228	
Lewis Jone	es	WIDDLE	LAST		Jeannette	MIDDLE		LAST		
160. WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR				
YES, NO OR UNKNOWN)	WW2	WAR OR DATES)			Mrs. Doris E		l6 Fairf	ield	Drive	
THE CAUSE OF DE	ATH (Enter or	ly one course ne	r line for (a), (b), and	die.	ina Right			APPROXIA BETWEEN O	MATE INTERVAL	
	IGNIFICANT	Estruct	we Pul	muc	NOT RELATED TO THE TERM MY WAS PERFORMED	2 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
Ē						YES NO X	YES []	NO [
21a. ACCIDENT WAS IN OR CONTRIBUTING [IF EITHER NOTIFY M 21d. INJURY OCCU	CAUSE OF DE	ATH HOUR A	DE INJURYM. MONTH DAM.	19	21c HOW INJURY OCCURE 211. LOCATION	1.61			-01	
	WHILE [TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE	
22a. I certify that	(I) (this hosp	(AT HOME, S:	he deceosed from_L_3	FE		to_ Time	24 , 19	84	hot (l) (we) los	
220.1 certify that	(I) (this hosp	(AT HOME, SI	he deceosed from	FE 340	6 21 19 78	to_ Time	24 , 19	84	hot (I) (we) los couses stoted	
22a. I certify that sow the dece	(I) (this hosp	(AT HOME, SI	he deceosed from_L_3	FE 340	L 21 , 19 78 opinion of DEGREE	, to	24 , 19_ lote and hour on	d from the c	hot (I) (we) los	
27a. I certify that sow the dece	(I) (this houp cosed alive on (did) (did no	(AT HOME, SI	he deceosed from	FE 340	L 21 , 19 78 opinion of DEGREE	to_ Time	24 , 19_ lote and hour on	d from the c	hot (I) (wet los couses stoted	
22a. I certify that sow the dece above. (I) (we 22b. SIGNATURE	white work (I) (this house ossed olive on o) (did) (did not)	(AT HOME, SI	he deceased from	F2 34	nd that in (my) (and opinion of opinion of opinion of opinion of opinion opini	, to	24 , 19_ lote and hour on	d from the c	hot (I) (wet los couses stoted	
27a. I certify that sow the dece above. (I) (we 27b. SIGNATURE)	white (I) (this hosp cosed olive on (did) (did no	(AT HOME, SI	he deceased from 19 3 y ofter death. M.D.	Fe 34	nd that in (my) (and opinion of opinion of opinion of opinion of opinion opini	deoth occurred on the	24 , 19_ lote and hour on	d from the c	hot (I) (we) loss couses stated	
22a. I certify that sow the dece above. (I) (was 22b. SIGNATURE	white (I) (this hosp cosed olive on (did) (did no	(AT HOME, SI	he deceased from 19 5 y ofter death. M.D.	PER	nd that in (my) (opinion opin		24 19_ lote and hour on	d from the co	hot (I) (we) loss couses stated	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be I are any with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

1328 Sulphur Spring Rd. Ambrose Funeral Home

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STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIPMEN

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Cur	1	-	0		67.30

FOR STATE REGISTR	AR		DEPARTM		HEALTH AND MENTAL HYO	GIENE REG. 1	1 3	0 .	3 Esq
1. DECEASED N (TYPE OR PRINT)	Mildred	М	MIDDLE Ju		LAST	20 DATE OF DEATH June 9	MONTH DA	AY YEAR	26 HOUR
3 SEX Femal		RACE Whit	е	S. DATE O	of Birth ber 17. 1910	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS
BIRTHPLACE COUNTRY) West Vi		U.S.	WHAT COUNTRY?	8. MARRIE WIDOWI	ED NEVER MARRIED DIVORCED DI	9. BALTIMORE CITY Baltimor	OR COUNTY O		MD
	21221	River	view Nurs	ing (or other institution Center	170 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE)		F BUSINESS OR
Md.	ICE (IF NURSING HOME OR O 13L COUNT Balt		GIVE RESIDENCE BEFORE A		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	er Driv	re 2	21220
JE FATHER'S NA		Strawd	erman		15. MOTHER'S MAIDEN NA	MIDDLE	ee	LAS	Т
160 WAS DECE	ASED EVER IN U.S. ARM	ED FORCES? WAR OR DATES)	213 24 3°		Blaine Vett	ter (Son)			21220 River Rd.
gave ri cause underlyi		(c)	Arleriuse R AS A CONSEQUEN	Kerw NCE OF	Ex Carchevea.	cular dise	DOTTION GIVE	/0	yrs,
o	OF OPERATION				DN WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
OR CONTRI	ENT WAS UNDERLYING DEATH BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER				21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)				
21d. INJUI	WHITE NO WHITE				21f. LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE
	fy that (1) (this hospita the deceased alive an e, (1) (we) (did) (did not) ATURE			184.0	nd that in (my) (aur) opinion DEGREE	deoth occurred on the c			
22d. PHYS	CIAN'S NAME UNPEORF		mD.		22e ADDRESS	DIRECTOR PHYSI		Salta	Md2122

Burial

230 NAME OF CEMETERY OR CREMATORY Lahmansville Cemetery

Lahmansville, West Virginia

6/11/84

23h DATE

puzdzinski rune pal home PA 1407 Old Eastern Ave-JUN 1 1 1984

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending an

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njury, or other troumatic

IMPORTANT: If them 21 is marked or thron should be detoched for use as with the State Dept. of Health

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.b. worth brid 35 01 (non) | cottal enterior 550 His 45 for al.

tand continue

STATE OF MARYLAND

5. DATE OF BIRTH MONTH

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MOSPITA

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

MARRIED NE ER MARRIED

13d INSIDE CITY LIMITS YES 🗌

15. MOTHER'S MAIDEN

21c HOW INJURY OC

211. LOCATION

ond that in (my) (our) opin

Ballo

ATTENDIN M.O. PHYSICIA 22e. ADDRESS

DEGREE

17. INFORMANT

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6.	AGE (IN YEARS L	AST BIRTH	HDAY)		JNDER TY		IF UNDER	
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	167		-B-0- 0			-			

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FOR

COUNTRY

4. FATHER'S NAME

(YES, NO OR DNKNOWN)

REGISTRAR 1. DECEASED NAME LITYPE OR PRINT

To. BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HON 130, STATE

160, WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if any, which gove rise to immediate couse (o), stoting the

underlying couse lost.

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

JOSEPH

4 RACE

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

MAMEDIATE CAUSE (o

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) did not) view the body after death.

76. CITIZEN OF WHAT COUNTRY?

OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 1

21b. TIME OF INJURY

21e. PLACE OF INJURY

SOCIAL SECURITY NO

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

- STATE

3. SEX

õ, à

CERTIFICATION

ORT 0

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL CREMATION, REMOVAL FUNERAL DIRECTOR

GHASSEM

226. SIGNATURE

236. DATE

OURMOTABBED

DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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within 24 hours

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After this certificate has

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OR ATTENDING PHYSICIAN: The

O HOSPITAL

should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene.

FUNERAL DIRECTOR: uld be detached for us etoined by the haspital

IMPORTANT: If them 21 is marked or them 18

ar other traumatic

CERTIFICATION

MEDICAL

FOR T - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4
1. DECEASED NAME (TYPE OR PRINT)	C.	Kammerer) Kanterer	D G (D	YEAR 26 HOUR
3. SEX Female	Caucasian	5. DATE OF BIRTH 12-27-1899 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UND MONTHS	DER LYEAR IF UNDER 24 MRS S DAYS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (ount)	MD.
Baltimore	11. NAME OF HOSPITAL, NUR (IF NOTH) SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION RET ADDRESS) Wasing (enter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
USUAL RESIDENCE (IF NURS) 130 STATE			130 STREET ADDRESS 3702 Eastwood Dr.	-21206
14 FATHER'S NAME FIRST	MIDDLE Truitt LAST	15 MOTHER'S MAIDEN NAI FIRST	ME MIDDLE	(AST
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (18 YES, GIV		2-9717 Mrs. Thelma	E. Prochaska Balto	astwood Dr. M21206
PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ED BY: TE CAUSE (a) Acterio So	clubic Coronau VASCO	lar Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause 10, stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE			

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 228. SIGNATURE DEGREE 22c. DATE SIGNED

BP. DHMH - 16 60M 1/75

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECKY) 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME ETYPE OF PRINT

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION

STAFF

DIRECTOR PHYSICIAN

COUNTY

STATE

RAR 256 REGISTRAR'S SIGNATURE Me Devidous

ATTENDING

PHYSICIAN V

23b. DATE

MEDICAL

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

T STA'				NT OF HEALTH A		REG. N	O.		
1. DECEASE		F1 . 401	MIDDLE	LAST		To Ditte of Dentity	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		b HOUR
	EV	- 111	4. KA	UFMANN			6/27/	84	0:25
3. SEX	2	4. RACE	5	S. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIR			HOURS /
Fem		White		uly 18	1903	80	YRS.		
	ACE (STATE OR FOREIGN $YLAND$	76. CITIZEN OF		MARRIED NE	VER MARRIED DIVORCED	BALT I M			
	TOWN OF DEATH	6701		S ST BE	MC	170 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF AT HOME		12b. KIND OF INDUSTRY	BUSINESS
130. STATE		ae or other institution OUNTY $lto. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	1. GIVE RESIDENCE BEFORE AD 13ϵ . CITY OR TOWN $Towson$			13e STREET ADDRESS		207.	
14. FATHER		MIDDLE	LAST	15. MOT	HER'S MAIDEN NAT	Schaefer MIDDLE	B. 212	LAST	
	ECEASED EVER IN U.S OR UNKNOWN) (IF YE		219 36 0			ly records	ESS		
18. C	AUSE OF DEATH (Ente	er only one cause pe USED BY: DIATE CAUSE (a)	r line lor (a), (b), and (c)	E MYELO	CYTIC L	FUKEMIA		APPROXIMA BETWEEN ON	ATE INTERVA
gav	ditians, il any, which e rise to immediate se (D), stating the erlying cause last	(b)	R AS A CONSEQUENT						
gav caus und	e rise to immediate se (D), stating the erlying cause last	DUE TO, O (c) NT CONDITIONS C Y EDEMA	r as a consequen	CE OF		INAL DISEASE OR CON	20b. IF YES,	WERE FINDING	SS USED
gav caus und	e rise to immediate to lost stating the erlying cause last 2 OTHER SIGNIFICA PULMONAR	DUE TO, O (c) NT CONDITIONS C Y EDEMA	R AS A CONSEQUENT	CE OF			20b. IF YES,	WERE FINDING	S USED F DEATH?
Dari Dari Dari Dari Dari Dari Dari Dari	e rise to immediate see [0], stating the erlying cause last 2 OTHER SIGNIFICA PULMONAR ATE OF OPERATION ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE O ITHER NOTIFY MEDICAL EXAM	DUE TO, O CC) NT CONDITIONS C Y EDEMA 19b. COND 19b. TIME C HOUR A AINER) P	ONTRIBUTING TO DESTRUCTION FOR WHICH OF TO INJURY M. MONTH DAY M.	CE OF ATH BUT NOT REL PERATION WAS P YEAR 19	ERFORMED W INJURY OCCURR	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING	F DEATH?
MEDICAL CERTIFICATION AMENICAL CERTIFICATION AMENICAL CARRES AMENICAL C	e rise to immediate (e. [0]), stating the erlying cause lost 2 OTHER SIGNIFICA PULMONAR ATE OF OPERATION ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE O LITHER NOTIFY MEDICAL EXAM JURY OCCURRED	DUE TO, O (c) NT CONDITIONS C Y EDEMA 19b. COND 19b. COND HOUR A AINER) 21e. PLACE	ONTRIBUTING TO DESTITION FOR WHICH OF MAINTH DAY	CE OF ATH BUT NOT REL PERATION WAS P YEAR 19 216, HO	ERFORMED W INJURY OCCURR	200 AUTÓPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDING	F DEATH?
WEDICAL CERTIFICATION ACCOUNT B 11 P1 F2 P1	e rise to immediate (e. [0]), stating the erlying cause lost 2 OTHER SIGNIFICA PULMONAR ATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE O LITHER NOTIFY MEDICAL EXAM DJURY OCCURRED ON THE CONTRIBUTION OF THE CONTRIB	DUE TO, O (c) NT CONDITIONS C Y EDEMA 19b. COND 19b. TIME C HOUR A AINER) 21e. PLACE (AT HOME, S1	ONTRIBUTING TO DEVITED FOR WHICH OF INJURY M. MONTH DAY M. OF INJURY REET, FACTORY, OFFICE, FARA	CE OF ATH BUT NOT REL PERATION WAS P YEAR 19 216, HO	RFORMED W INJURY OCCURR	200 AUTOPSY? YES NO NO NET NATURE OF INJUI	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES O	PE DEATH?
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WEDICAL CERTIFICATION AMERICAN AME	e rise to immediate to immediate to its total to the color of the colo	DUE TO, O (c) NT CONDITIONS C Y EDEMA 19b. COND 19b. COND 21b. TIME C HOUR A AINER) P 21e. PLACE (AT HOME, S1	ONTRIBUTING TO DE. ONTRIBUTING TO DE.	TEAR 19 216 HO	ERFORMED W INJURY OCCURR ATION STREET 19	200 AUTOPSY? YES NO CONTRACTOR OF INJUINATION TO 10 10 10 10 10 10 10 10 10 10 10 10 10	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA	WERE FINDING CAUSES COUNTY	STAT
WHITE SEASON SEA	e rise to immediate to immediate to its toting the erlying cause lost 2 OTHER SIGNIFICA PULMONAR ATE OF OPERATION ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE O OITHER NOTIFY MEDICAL EXAM NJURY OCCURRED BR NOTIFY MEDICAL EXAM NJURY OCCURRED CONTRIBUTING NOTIFY MEDICAL EXAM NJURY OCCURRED CONTRIBUTING NOTIFY MEDICAL EXAM NJURY OCCURRED CONTRIBUTION OF MEDICAL EXAM NJURY OF MEDICAL EXAM N	DUE TO, O (c) NT CONDITIONS C Y EDEMA 19b. COND 21b. TIME C HOUR A AINER) P 21e. PLACE (AT HOME, SI cospital) attended the	ONTRIBUTING TO DE. ONTRIBUTING TO DE.	YEAR 19 211 LOC 6/13 DEGREE	ERFORMED W INJURY OCCURE ATION IREET (my) (Dur) Dpinion of ATTENDING PHYSICIAN	700 AUTOPSY? YES NO CED (ENTER NATURE OF INJUIT CITY OR TO death accurred an the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA	WERE FINDING CAUSES OF THE PART 2) COUNTY 9	STAT
WHITE SEASON SEA	e rise to immediate in the control of the control o	DUE TO, O CC) NT CONDITIONS C Y EDEMA 19b. COND 19b. COND 21b. TIME C HOUR A AINER) P 21c. PLACE (AT HOME, SI cospital) attended the condition of the body VPE OR PRINT)	ONTRIBUTING TO DE. ONTRIBUTING TO DE.	YEAR 19 211 LOC 6/13 4 , and that in DEGREE	ATION (my) (Dur) Dpinion of Physician Coress	700 AUTOPSY? YES NO CED (ENTER NATURE OF INJUIT CITY OR TO death accurred an the do	20b. IF YES, IN CERTIFY YES RY IN ITEM 1B PA	WERE FINDING CAUSES OF THE PART 2) COUNTY 9	STAT

YES: 17 8 4 5

and the self and office

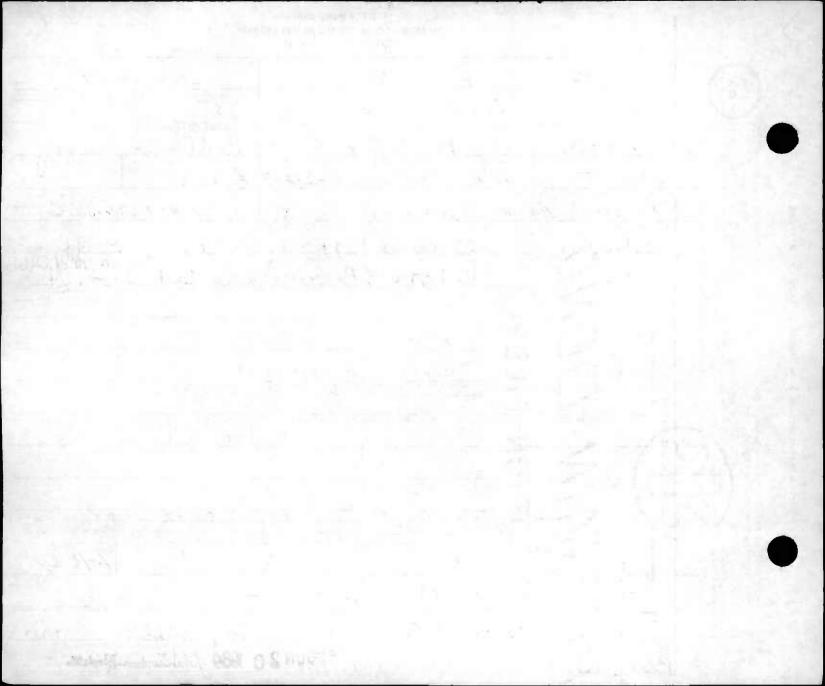
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9 JUE 7 .

	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND FMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	5 3 3 6
t de de	(TYPE	EASED NAME FIRST DR PRINT) MATCY	MIDDLE	KREN E	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	SE)	F	Black	5 DATE OF BIRTH MONTH, DAY YEAR SS		MONTHS DAYS HOURS MIN
35 2	CC	thd.	b. CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	Baltymo	nt. County MD.
oon led wit	E	PALT CT	43 FLAVIOR	V COURT-21209	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
#35	13a. S	MARYLAND BA	TY 13 CITY OR TO	WA 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	FLA CTON COURT
2 2 30		toward	IDDLE LAST	15. MOTHER'S MAIDEN NA FIRST MANA FIRST	MIDDLE	Grast ,
Poge		(as deceased ever in U.S. Araes, no grunknown) (if yes, give	AED FORCES? 166 SOCIAL SEC	1673 BERNICE	RODO GH	Camb, 7814, 2161
physicion poper composition in the control of the c		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
move cor notion, or troumoti		Canditions, if any, which gave rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (C) DUE TO, OR AS A CONSEQUENCE (C	D UENCE OF		
Then please rette burnol, crem	7	PART 2 OTHER SIGNIFICANT CO	(c) CARD			N GIVEN IN PART 1101
ony ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \)
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	
the ond	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us		22a.1 certify that (I) (the hospital sow the deceased alive on above, (I) (we) (did) (did not	4-9 19			d hour and from the couses stated
detoched rote Dept.		776 SIGNATUR Ja	by 10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226, DATE SIGNED
should be det		THE PHONE LAYS NAME (TYPEOR	RINT) RKER M	2300 C	ARRISON	BLVO
- 5 3 3	30	CREMATION, REMOVAL	236 DATE 230 6-18-84	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	DOL. STATE
50M 1/76 5 (4))	BI FL	NERAL DIRECTOR NAME	a sad None	Camb. 161311 1250 DA	TE REC'D. BY REGISTRAR 25b. RE O 1984 Julia Daw	EGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

2a. DATE OF DEATH MONTH 2b. HOUR 3:40a IF UNDER 1 YEAR IF UNDER 24 HRS

9. BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County 12b. KIND OF BUSINESS OR

INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(b)	3)	
JE TO	D, OR AS A CONSEQUENCE OF	
(c))	

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO I

STATE

COUNTY

and that in (M) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED 6-9-84 DIRECTOR PHYSICIAN

9000 Franklin Square Drive 21237

COUNT 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Audia Daydon

DHMH - 16 50M 4/83

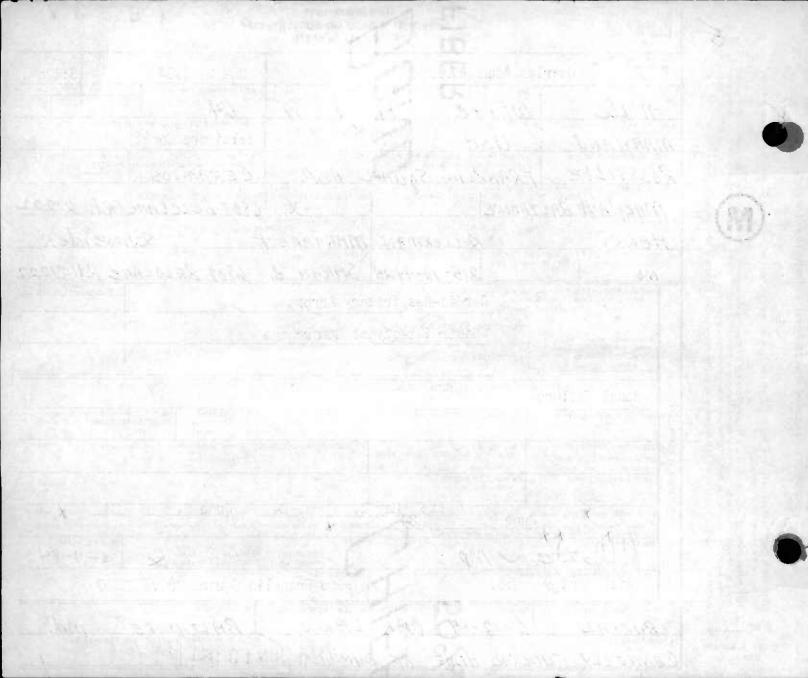
(VRA 15, 4)

FOR

1. DECEASED NAME

REGISTRAR

- STATE



FOR STATE

STATE OF MARYLAND

SIMIL OF IMARITAMIN	548
EPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

CATE OF DEATH	REG. NO.			
ST	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
	JUNE 16.198	34		10:3

	REGISTRAR						REG. NO	1.		
	CEASED NAME	FIRST	1	MIDDLE	ŧ.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR TO
TYP	E OR PRINT)	MAHL	ON FI	RED KELL	Y		JUNE 16			10:30 M
3. SE	X	4. R	ACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Male		White		Apr	i1 3,1907 EAR	77	YRS		min.
7a. 8	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
	New York		USA		WIDOWE	D DIVORCED	Baltimo			MD.
10. 0	ITY OR TOWN OF DEA	TH 11.		HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
	Towson		7502	Rocksham	Drive		Supervi			Gov't.
USU	AL RESIDENCE (IF NURS		ER INSTITUTION			AVAILABLE CITY HAVITCO	LA CYPEET APPREC	ZID CODE		
	STATE laryland	Balti	more	Towson	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7502 Ro	ckshan	n Drive	21204
14. F	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
	Fred Ke	11y	DLE	LAST .		Nora K	enyon		LAS	T
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN) Yes	(IF YES, GIVE WA		192-32-4	806	Ruth E. Kell	y Same			
=	18. CAUSE OF DEAT	H (Enter only o	ne couse ner	line for 163 (b) one	diesa.	re arre	4		APPROXI BETWEEN	MATE INTERVAL
	PART I. DEATH W	AS CAUSED B	Υ:	(B. tr	de	a arre	1			
1		IMMEDIATE C	AUSE (o)	000		- 00 -				
			DUE TO, O	R AS A CONSEQUE	NCE OF	10001 N.	are sent	an		
	Conditions, if ony,		(b)	ww	na	1 quarte	20010.00			
	gove rise to imm couse (o), statin		DUE TO. O	R AS A CONSEQUE	NCE OF		henre	,		
	underlying couse	lost.	(c)				a such	_		
	PART 2. OTHER SIGN	VIFICANT CON	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM			EN IN PART TO	0
Z										
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
F							VEC		YING CAUSES	OF DEATH?
E		raumia []	BIL THAS S	SE INTRIBY		21c HOW INJURY OCCUR	YES NO			NO []
	OR CONTRIBUTING		21b. TIME C	M. MONTH DA	YEAR	TIC HOW INJURY OCCUR	(ENTER NATURE OF INJUI	Y IN HEM IB PA	ARI [OKPARI 2]	
M	(IF EITHER, NOTIFY MEDI		P	.M.	19	3372				
MEDICAL	21d. INJURY OCCUR	RED		OF INJURY		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Σ	WHILE NOT WE	OLE _	AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET				
	22a.l certify that (I)		assarded th	o deceased from		. 19	, to		19	that (I) (we) lost
	sow the decease		offerided if	ie deceosed from		nd that in (my) (our) opinion				
	oboge, (lytwe) (did) (did not) vi	iew the bridg	atter death.	-0	Maria Caracteria	acam occorred on me at	ne one neo		SIGNISD -
	THE STANTAGE	-/	1	/	112	DEGREE	MEDICAL _ STAI	r.	12C DATE	SE RL
	1000	cush	1	nuer, v	no	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌	16.1	1-01
1	224. PHYSICIÁN'S NA	AME (TYPE OR PR	em //			22e. ADDRESS				
	P. Dic	kson Jo	nes,	M.D.		7401 Osler	Drive Tow	son, M	4d. 21	204
23a	BURIAL, CREMATION.	REMOVAL T	23b. DATE	236. 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION			
	Burial		Tune	20,1984 D	111220	v Vallow	Timonium,	Balte	COUNTY	Md
1	Darrar		Julie	ZUJIJUH D	arane	y varrey	1	Darre		riu

DHMH - 16 50M 4/83 (VRA 15, 4)

OR ATTENDING

etoined by the hospital

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

24 FUNERAL DIRECTOR ADDRESS 6500 York Rd.
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Timonium, JUN 20 984

Balto Co. Md.

Tame of medal A troop of the contract of Marie Time Amer, Moreo, Dorpola, urial control of 1000 and a control

STATE OF MARYLAND

1	1.	FOR STATE			DEPARTM		EALTH AND MENTAL	HYGIEN	IEQ "I	8	9	
ı	V	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	O		
ı		EASED NAME	FIRST		MIDDLE	t	AST	20	. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
1	1111	ORTRING	KARL		J	Ki	pcher			Tuna	8 84	5 -PM
d	1. SEX	S	1	RACE		5. DATE C			AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER TYPAR	
И		MALE		11)		MONTH	3/ 189		88	YRS	MONTHS DAYS	HOURS MIN.
И			OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY O		Y OF DEATH	
1	70	e & man	W	U.S	S.A.	WIDOWE	D NEVER MARRIED		Baltim	ore (County	. MD.
7	III CI	TY OR TOWN OF D				G HOME C	OR OTHER INSTITUTION	1 12	. USUAL OCCUPATE	ON	126. KIND C	OF BUSINESS OR
	1	TOW SON	Y	ST	TO SP	oh's	HospitAL	- ("	Carpen:		ste Ste	
	13s. S	TATE	136 COUNT	Y	13c. CITY OR TOWN		134 INSIDE CITY LIMIT		STREET ADDRESS	ZIP COD	E	04000
-	jab-	aryland	ватт	imore	21093		YES NO X		1822 Vi	sta.	Lane	21093
И	J. FA	FIRST		IDDIE	LAST		FIRST		WIDDIE		LAS	ST
Ц		Nikol		Joseph			Anna		Maria		Ther	esia
	16a W	VAS DECEASED EVI TES NO OR UNKNOWN) NO	(IF YES, GIVE	WAR OR DATES	166 SOCIAL SECUI		17 INFORMANT					
1	_	NO			194-10-	2533	Carl J. 1	Kir	cher <u>1822</u>	Vis.		
1	>	18 CAUSE OF DEATH	ATH (Enter only	one cause per	line for (o) (b), and	1(2)	1, 1	90			BETWEEN	ONSET AND DEATH
1		Eny	MMEDIATE		(18/1)	ira N	on freun	12001	01			
1		301		DUE TO, O	R AS A CONSEQUE	NCE OF						
ı		Conditions, if a		(b)_								
		gove rise to i	ating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying cau	use lost.	((c)								
	7	PART 2 OTHER SI	IGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CON	DITION GI	VEN IN PART 1	o ·
S	CERTIFICATION											
f)	Z	19a. DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDI FYING CAUSES	
	100								YES NO		ES 🗍	но 🗌
Š	10.75	OR CONTRIBUTING		HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 21	
	CAL	(IF EITHER, NOTIFY M	EDICAL EXAMINER)	P.	M,	19						
1	MEDICAL	21d INJURY OCCU		21e. PLACE JAT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	2	AT WORK	WHILE				/		1	1		100
		220 I certify that	(this hospite	ol) attended th	deceased from	6	16 19 4	F4_	. to 6/8/	14		that ((we) last
		saw the dece obave, (1) (we	ased alive an	view the body	after death.	. 01	nd that in (m) (our) opi	inian dea	th occurred on the do	ote and hou	ur and from the	causes stated
1		226. SIGNATURE	7./	- 1	0-		DEGREE				22c. DATE	SIGNED
		Xe	exes C	1.010	uen	mi	PHYSICIA	AN D	MEDICAL STAF DIRECTOR PHYSIC	IAN O	6/1	8/84
	4	228. PHYSICIAN'S			100	1	22e ADDRESS	1. /	0	_	440.3	
	4	LESTE	RALL	VALL	JR. M.	,	7620 4	100K	Kd 10.	W5 m	110 2	1204
	230 B	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION		F 010/F	
	C	rematio	n e	tune 1	1, 184 G	reen	Mount Cer	mete		imore	e. Mar	vland
	24 FU	INERAL DIRECTOR					250.	DATE R	EC'D. BY REGISTRAR	256 REGIS	RAR'S SIGNA	TURE 1 . DO

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use or the burial-manur permit. Their please remains the State Dept. of Health and Mental Hygiene prior to burial, cremat

MPORTANT: # hem 21 is marked or

William E. Johnson8521 Loch Raven JUN 1 1 1984 Julia Davidson-N

All the property of the second elong and and analysis of the second and the second Addate to the water ou thought to make the west of the way of the said of mailynna, anochth, gestano burn na rei 12', if tach combine

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	/
O HOSPITAL OK ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. For 4 min etained by the haspital or attending physician.	1
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pager Land 2 should be filled with 72 has realther any with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	abo.

STATE OF MARYLAND	4
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

24

3

1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	0.			
	Hina	na Mar	y Klei	DAY ANEAR	20. DATE OF DEATH 6/20/		7:25M		
1	terriale	White	12	3 1895	9. BALTIMORE CITY O	YRS.			
	Maryland	U.S.A.	WIDOWE		Baltimo	ne County	MD.		
10 C	Towson.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Dulancy -		1 11	120. USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Retired	F WORKING LIFE) INDUS	NO OF BUSINESS OR JRY		
130	AL RESIDENCE (IF NUR 100 HOME OR OF STATE COUN'	TY 13c CITY OR	E BEFORE ADMISSION) R TOWN LINOTE	13d. INSIDE CITY LIMITS? YES KOK. NO []	130. STREET ADDRESS 3520 Ellio	tt Street	21224		
9	ATHER'S NAME FIRST OSEM	IDDLE Sava	₹ 20	15. MOTHER'S MAIDEN NAM	WIOOFE		LAST		
	WAS DECEASED EVER IN U.S. ARM		SECURITY NO.	Naomi Bliml	ine 2 Eco W		21204		
NOIL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CON	MONIA SEOUENCE OF G TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN IN PAR			
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	YES NO YES			ING CAUSES OF DEATH?		
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ATION				
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TOV	VN COUNTY	STATE.		
	The facetify than (1) (this haspite the deceased alive and above, (1) (we) (did) (did par			nd that in (my) (our) opinion o	, to death accurred on the d	ote and hour and from	the couses stated		
	22b. SG ATURE	1		M.D. ATTENDING PHYSICIAN	MEDICAL STA	FF _	6/22/84		
	22d. PHYSICIAN'S NAME (TYPE OR	mona			rford Road	21214			
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 6-23-84	0 1 1	oun Cemetery	23d. LOCATION CITY OR TOWN	l, Balto Co	STATE		

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

IMPORTANT: If Nem 21 is morked or Item 18 shows any injury, or other traumatic event, Ma

24 FUNERAL DIRECTOR
(harles S. Zeiler & Son Inc. 901 Conkling St

256 DATE REC'D. BY REGISTRAR'S S. BEGISTRAR'S SIGNATURE
JUN 25 1984 Julia Davidson-Abondare

with the form of the contract 1921 (c) 1 (30000 0 4 15-7-7-17 1 month is in a control of 17-7-77 and the second of the second of the Altonuaria. 6'12 Server Ford 21214

MACE AVE

(VRA 15, 4)

13000

and a substitute contract the state of Cardian Cerest Ingeneral Congration Heart Failburg Hour Glass Vallellar Heart Dingson - ApA his smalls SAMUEL J. WESTRICK MD 6600 RAIGE Road Bostomere MD and was been sure

FOR STATE

poge 3

STATE OF MARYLAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

	REGISTRAR			4-				REG. NO.		
	EASED NAME	FIRST	,	AIDDLE	LAST		26. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
(I YPE	ORPRINT) Be	ssie		K	Lite	CH		6-2	7-1984	8:40 pm
3 SEX	(4 RACE	5. [ATE OF B		6 AGE IN YEA		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
F	emale		WHIT		MONTH .	20 - 1898	86	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		HOURS MAN.
	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	APPIED [NEVER MARRIED	9 BALTIMORI	CITY OR COUNTY	OF DEATH	
	RUSSIA		Ţ	177 4	DOWED		BUT	(more (SOUNT	Y MD.
10. CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSING H		THER INSTITUTION	12a USUAL OC	CUPATION	126 KIND C	OF BUSINESS OR
T	DUSTN		(IF NOT IN SUC	HEACILITY, GIVE STREET ADDRI	-01	CRUC	HOUS	OR MOST OF WORKING LIF	AT	HOME
USUA	AL RESIDENCE HEND	JRSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM		GISPIC.				T. A
13a. S	TATE	13b. COUN	ITY	13c. CITY OR TOWN	13d	LINSIDE CITY LIMITS?	13 STREET AD	DRESS ZIP CODE MALCOLM C		21030
	MARYLAND	BALT	IMORE	COCKEYSVIL		ES NO		MALCOLM C	110 "2	11000
14 FA	THER'S NAME		MIDDLE	LAST	113	MOTHER'S MAIDEN NAM		WIDDLE	UNKNOW	Har
	JACOB			SIROVER		YETT				AIA
	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECURITY	NO. 17	INFORMANT G	ARLICK	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HAPEL	
	NO	(IF TES, GIV	E WAR OR DATES	050-05-822	9B 1	1700 CONEY I	SLAND A	VE. BROO	KLYN, N	NY 11230
	IS CAUSE OF DEA	ATH (Enter on	ly one couse per	line far (a), (b), and (c)	1				APPROX	KIMATE INTERVAL
	PART I. DEATH	WAS CAUSE	D BY:	ACUTE M		RUIAL IN	FARL	T10~	MIN	147-EC
		IMMEDIA	E CAUSE (o)			1110	. / 0 \ =		777	<u></u>
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which () CORDNARY ARTRRY DISEASE							V.c.	101
	Canditions, if or		(b)	CORONAR	1 //	MING DO) CHIC		1	TTI
	cause (a), sta underlying cau	ting the	DUE TO, O	r as a consequence	OF				1	
	onderlying cau	15e 1051.	(c)							
_			ONDITIONS CO	ONTRIBUTING TO DEAT	<u>h</u> but no	T RELATED TO THE TERM	IN AL DISEASE	OR CONDITION GIV	EN IN PART 1	a
ō	N	ONE								
CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH OPE	ration w	VAS PERFORMED	20a AUTOP		S, WERE FINDI	
Ĭ.							YES 🗌	NO YE		NO [
8	21a ACCIDENT WAS L	INDERLYING	216 TIME O		21	C HOW INJURY OCCURR	RED (ENTERNATU	IRE OF INTURY IN ITEM 18 F	PART I OR PART 2)	
	OR CONTRIBUTING	_	(IH	M. MONTH DAY	YEAR 19					
MEDICAL	21d INJURY OCCL		21e PLACE			LOCATION				
ME		WHILE [REET FACTORY, OFFICE FARM.		STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK AT V	WORK				60		4- 35	14	
	22a I certify that		me to		6-1		ta	6-07	19_4	that (1)(we) last
) (did no	t) view the bady	alter death.		hat in (m) (aur) apinion o	aeain accurrea	on the date and hav		
	226. SIGNATURE	- '			DEG	REE		C7.FF	22c DATE	SIGNED
	1 1/10	NM	more	um	MI	ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN	10-1	(1-87
	22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)		22	e ADDRESS				21204
	MA	RTIN	MAGI	RAM M	D	7600 056	ER D	R SAITE	113 BA	9ct, 110.
23n P	SURIAL CREMATION	N REMOVAL	73h DATE	- 1 231 NAM	E OF CEM		23d LOCAT			
RE	BURIAL, CREMATION BMOVAL/BUI	RIAL	JUNE 2	29,1984 TE	W MOIN	TEFTORE MATORY	PINE		L.T.	NEW YORK

BP.

retained by the haspital or attending physician

TO HOSPITAL OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

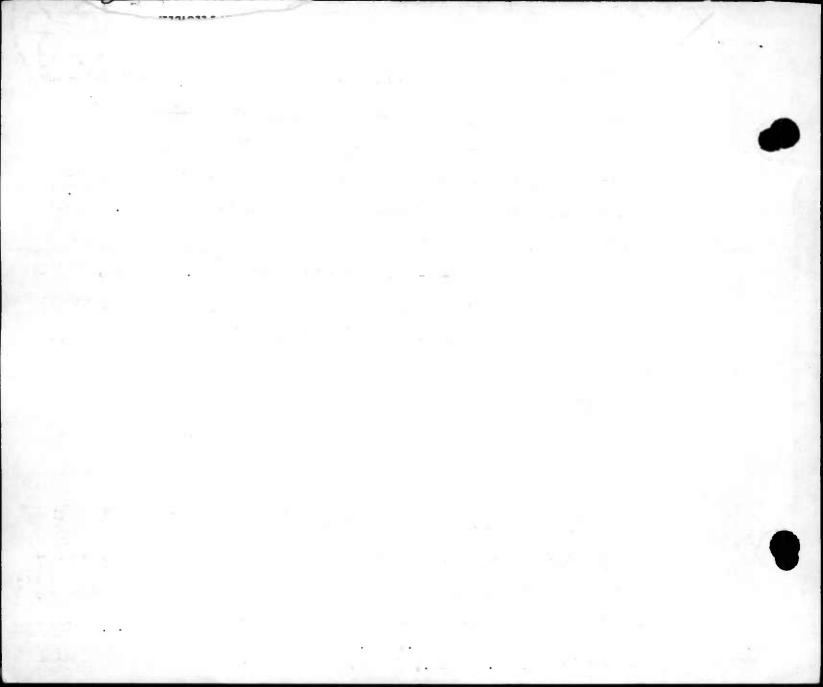
IMPORTANT: If Item 21 is marked or Item 28 shows any injury, ar other traumatic event, the medical

24 FUNERAL DIRECTOR

LEVINSON & BROS., INC. SOL 6010 REISTERSTOWN RD. BALTO, MD 21215

NEW YORK

25a DATE RECD. BY REGISTRAR 25th REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

YG	IENE)								
			REG. N	Ю.				- 1	4
	20. DAT	E OF DE	ATH	MONTH	DAY	YE AR	21	HOU	R
				6 -	4 -	84	61	2:32	D. M
	6 AGE	(IN YEAR	S LAST BIF	RTHDAY)	IF UN	DER I YE		UNDER	-
			9	O YRS		AS DA	15	OURS	M IN.
	9 BALT	1 /	-	e (C					MD
	(TYPE OF	JAL OC	CUPAT		1	2b. KIN[USINE	
?		-		/ ZIP CO	-	28		212	04
NAA	ΜE								
An	nie	~	NDDLE	Sr	mith	2	LAST		
Ec	ward	l S.	AROR	bhr e	Tr				
Co	ve I	Road	T	owsor	2, N			204	
					-	BETWE	EN ONS	ET AND	DEATH
								nc.	
RM	INAL DIS	EASE O	R CON	DITION	SIVEN	N PART	lia		
	20a /	AUTOPS	Υ?		res, we				
				IN CER	TIFYING	G CAUS	SES OF	DEAT	H?

FOR - STATE

REGISTRAR

I. DECEASED NAME (TYPE OR PRINT) Edward 3. SEX

S. 4 RACE

5 DATE OF BIRTH

a. BIRTHPLACE (STATE OR FOREIGN

CAUCHSLAN 76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED WIDOWED

BALTIME

Maryland CITY OR TOWN OF DEATH Towson

1203 Doves Core RE USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Towson 136 COUNTY Balt mon

13d. INSIDE CITY LIMITS YES [NO X 15. MOTHER'S MAIDEN

Mary Land FATHER'S NAME

166. SOCIAL SECURITY NO

17 INFORMANT)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY:

Harmon

IMMEDIATE CAUSE 10

1203 Doves 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic).

MOVASC

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate

DUE TO, OR AS A CONSEQUENCE OF

VASCULAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI

190 DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFE ITHER NOTHEY MEDICAL EXAMINERS 21d. INJURY OCCURRED

cause (a), stating the

underlying cause lost.

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.)

211 LOCATION COUNTY

22a.1 certify that (1) (this haspital) attended the deceased fram_

November saw the deceased alive on MAY 31 obove (1) (we) (did) (did not) view the bady after death

and that in(m) (our) opinion death occurred on the date and hour and fram the causes stated

77h SIGNATURI

23a. BURIAL, CREMALION, REMOVAL

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

NOT WHILE

22e ADDRESS

DEGREE

Burial

6/7/84

MAY 31

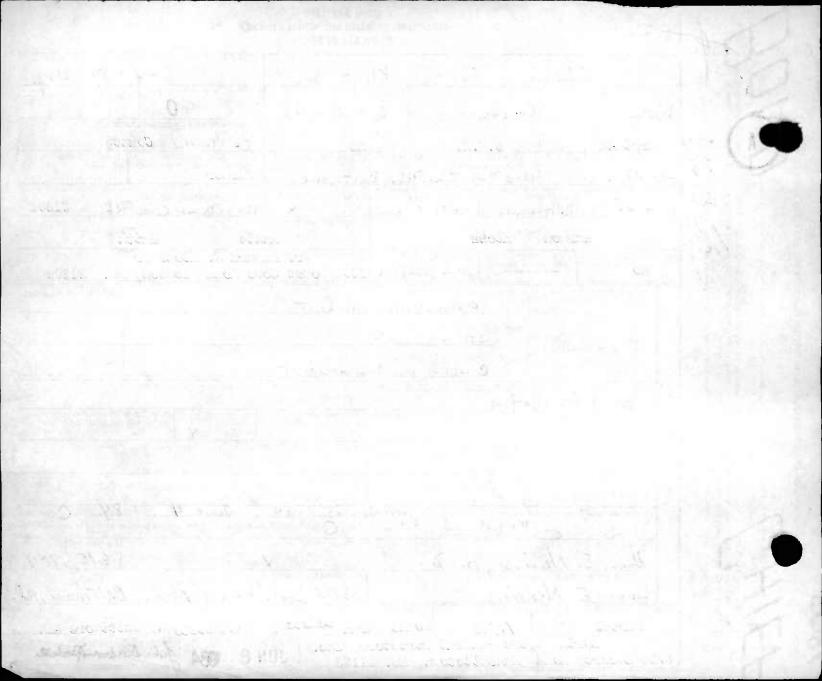
23c NAME OF CEMETERY OR CREMATORY Mount Paran Cemetery

Randallstown, Baltimore MD

74. FUNERAL DIRECT Troring Byers FUneral properties, Inc. 8728 Liberty Road Randallstown, MD. 21133

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND CERTIFICATE OF DEATH

Knott

5. DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

20. DATE OF DEATH 26 HOUR 84 06 6:05A M IF UNDER TYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH

MONTH White DA 16 Th CITIZEN OF WHAT COUNTRY? U.S.A.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MIDDLE

May

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MARRIED NEVER MARRIED DIVORCED WIDOWED

YEAR

06

Edith

Baltimore 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

May

12h KIND OF BUSINESS OR INDUSTRY None

Catonsville Tawes/Bland Bryant Nursing Home USUAL RESIDENCE (IF NURSING HOME) OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13CCITY OR TOWN

Hugh

Charles

4 RACE

1136. INSIDE CITY LIMITS? Imdian Headyes 15. MOTHER'S MAIDEN NAME

#6 Ridge Drive 20640

Smith

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Richard 60. WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

FIRST

Edith

FOR

- STATE

(TYPE OR PRINT)

2. SEX

REGISTRAR

Female

BIRTHPLACE (STATE OF FOREIGN

Maryland

Maryland

THEATION

4 FATHER'S NAME

ID CITY OR TOWN OF DEATH

DECEASED NAME

166. SOCIAL SECURITY NO. 17 INFORMANT

Knott

None

216-72-3089 Margaret K. Newman same as 13

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ac PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate

couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY

P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OF TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased olive on abave (1)(we) (did) (did not) view the bady ofter death

and that in (m) DEGREE

22e. ADDRESS

ATTENDING . / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

210 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

WHILE NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

6-11-84

Huntt Funeral Home, Waldorf, Maryland

23¢ NAME OF CEMETERY OR CREMATORY

(aur) apinion deoth accurred an the date and haur and fram the couses stated

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

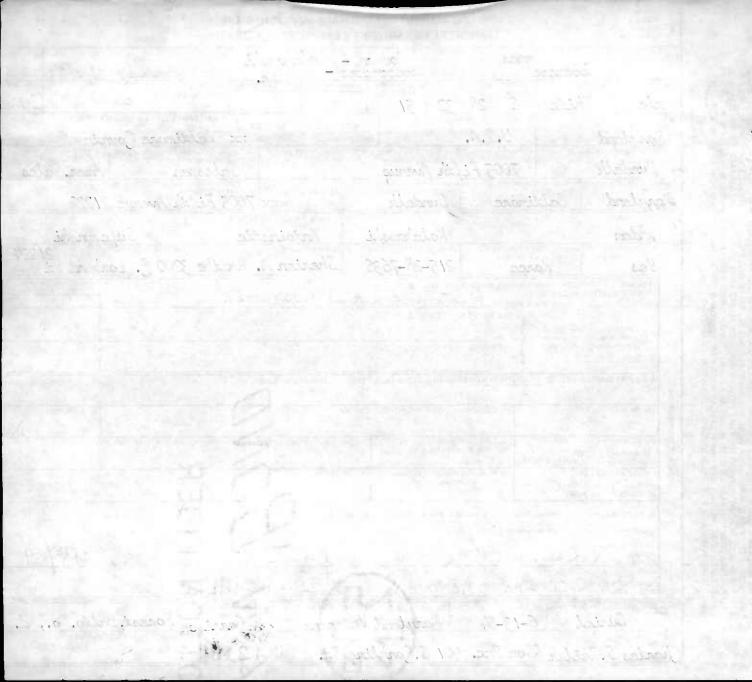
Glymont, St. Charles Cem. Charles. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

soul many man paletter area. Intel Areas. The ballet was a seem as a pool out of the contract of Service Hook pervice Committee and annual II as same the that he barred and said all all and a said State & March Art Art (See Art) a section to the - chief ale the first of the same Cum View viewer 14. D. 71 = X = 1 = 39 CENTER H. CANELS - Spring Love Hup Content Suries Calles Det. Uniview Let. Clyment, Unities, ed. edunct funns il Horn, eraderf, Hervisend july a 1881 - Coloque Number

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2h. HOUR 20. DATE KNOWN YEAR Kolakowski (TYPE OR PRINT) OF 1982 2d HOUR 198 1. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Amer. Sales Radthe 3200 E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES ' 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my apinian DATE SIGNED **DHMH - 17** les S. Zeilen & Son Inc. 901 S. Conkling St. (VR A15 ME (5)

STATE OF MARYLAND



and 2 should be

1	1 -	FOR STATE REGISTRAR			DEPART		FICATE OF DEATH	GIENE REG. N	0.	3 0	-1 0
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YE AR	26. HOUR
\	(TAME	OR PRINT)	Louis	W :	illiam —	KREBS	S, Jr.	June 30	1984		9:55A
1	3. SE	х		4 RACE		5. DATE 0		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1	N	ALE		CAUCA	MATP	MONI 10	DAY YEAR	6.7	YRS.	NTHS DAYS	HOURS MIN.
Z/E	7a BI	RTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY	? 8.	D M NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	FDEATH	
20		ARYLAND		TISA		WIDOW		Baltimore	e Count	у,	MD
17	10 CI	ITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
1/	RC	SSVILLE		FRANK	LIN SQU	ARE	HOSPITAL	SALES	N WORKING (IFE)	FURI	VITURE
6		AL RESIDENCE IN NU.	13b COUN		GIVE RESIDENCE BEFORE TO ROSEDA		134. INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS 1212 WHI	ZIP CODE	E. 21	237
		LOUIS	1	MDG.E	KRÉBS		CHRIST	INE NAOM		URKHÂ	RDT
medica	160 V	OS. NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRI			
E	14	0			216091	690	MARGARET I	REBS 1212	Whit		
event, th		PART I. DEATH	WAS CAUSE		Cardiac		st			BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, or other troumotic event, the		Conditions, if or gove rise to in	mmediote	(b)_		ular /	Arrhythmias				
or other		underlying cau		DUE TO, C	OR AS A CONSECU OCCIUSION	Left	Coronary Arte	ery Thrombus	<u> </u>		
injury.	NO	PART 2 OTHER SIG	GNIFICANT (CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVE	N IN PART 11	0
yows ony	CERTIFICATION	190 DATE OF OPER	ATION	19b CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES [X] NO	20b. IF YES, IN CERTIFYI YES	were finding NG Causes	NGS USED OF DEATH?
rem 18 s	1	OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH I	DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART2)	
kedor	MEDICAL	21d. INJURY OCCU	WHILE ORK		OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
21 is mor		22a. I certify that	X (Ihis hosp	tal) attended t Jur		June 84	nd that in (mX) (aur) apinian	, 10	30. 19	84 and from the	that (X (we) last causes stated
PORTANT: If Hem 21 is marked or Hem 18 shows any		22b. SIGNATURE	(did) (dydwy	view the bod	y offer deoth.	~	DEGREE TTENDING PHYSICIAN	MEDICAL STA	FF CIAN [6/30	
Z		22d PHYSICIAN'S				3	22e ADDRESS				
POR		Gary	Walfor	d, M.D.			9000 Frai	nklin Square	Drive	2123	37

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to TO FUNERAL DIRECTOR: After this certificate has been

230 BURIAL, CREMATION, REMOVAL BURIAL

236 DATE

7/3/84 GARDENS OF

23d. LOCATION
CITY OF TOWN
BALTO 23¢ NAME OF CEMETERY OR CREMATORY FAITH

BALTO

250. DATE REC'D. BY REGISTRAR 251. REGISTBAR'S SIGNATURE

MD

STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
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	MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate he executed within 24 hours after
	50

	FOR	6/29/04 CW	STATE OF MARYLAND	0	1534/
1 05	STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENEO REG. NO.	
	CEASED NAME FIRST	WIDDLE	2	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR 5-30
3 SEX		RACE T	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHO	A STATE OF THE STA
May Bi	ETHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	0 -
5	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURS		12d USUAL OCCUPATION	N 12b. KIND OF BUSINESS OR
1) USU 13a S	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION GIVE RESIDENCE BEFOR		Λ	VORKING LIFE) INDUSTRY ES
~		IMERE WESTY		17 Such bRI	ook LANC 21208
	UNKNOU		FIRSTUN	Know D MIDDLE	LAST
	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 162-16-	4924 MRS VIERA	K, PROVEST	6306 CRAIGMONT A
		ly ane couse per line for (a), (b), c D BY: E CAUSE (a)	lae ans	, +	APPROAIM TE INTERVAL BETWEEN SET AND DEATH
6	Conditions, if ony, which	DUE TO, OR AS CONSEO	JENCE OF may in al	L'ain	
	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	JENCE OF		
NO	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART 11a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	POB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY I	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 1 certify that (I) (this haspit	- / / /	8-20 198	to 6-1	. 19 FY, that (Twe) last
	sow the deceased olive on obove (1) (we) (did) (pid not 22b. SIGNATURE	view the body after death.	DEGREE		and hour and from the causes stated 22c. DATE SIGNED
	KRIOC	46364	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	NO 6-2-84
	22d. PHYSICIAN'S NAME (TYPE OR	R PRINT)	226 ADDRESS		
	HAROUS	BOO	7220	Parl Hei	9hb 21208
3a. B	11.	BO 0		Parl Her 23d LOCATION CATOREULL	E BATTO MARYAN

Marie Committee x Thursday of Committee of C Charles to the second of the s many the state of The part of the part of the part of the Con-the state of the second of the No. 12 Mary Company of the Company o

deoth. Poge 4 may be

executed within 24 hours offer

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

tor, page 3 after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	0.			
20 DATE OF DEATH		JAY H	YEAR	26 HOU

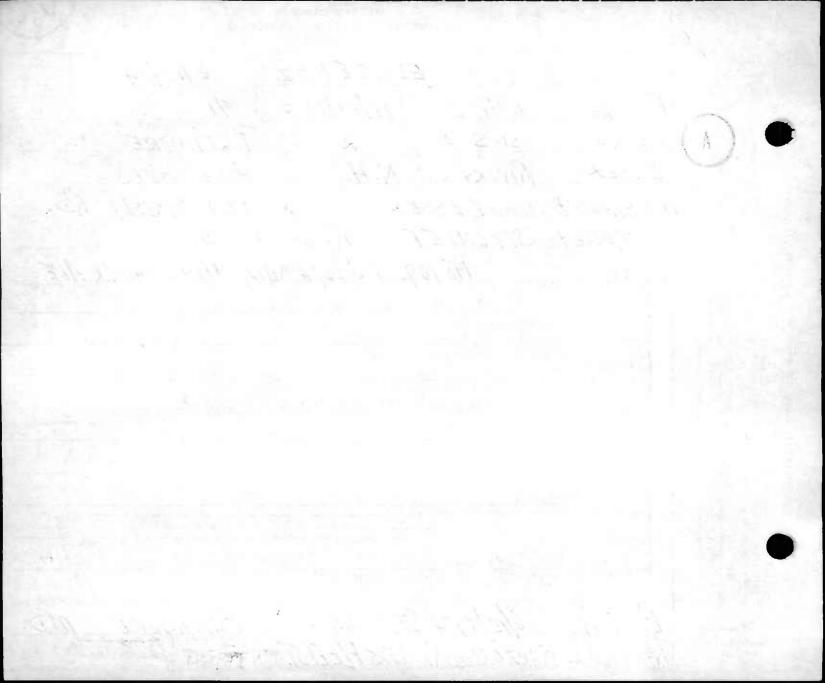
5

XO		REGISTRAR		CEKIIF	ICATE OF DEATH	REG. N	0.	and a
		CEASED NAME FIRST	MIDDLE	ELSIE	E. KUTZ	20 DATE OF DEATH,	MONTH DAY YEA	R 26 HOUR
	TE TE	MALE	WHITE	5 DATE C		6 AGE (IN YEARS LAST BIR	MONTHS D	AYS HOURS MIN
X	P	RTHPLACE (STATE OR FOREIGN PUNTRY)	61.5. A.	WIDOWE		TAKTIM	ORE COUNTY OF DEATH	MD.
10	E	SSEX	PIENOT IN SUCH FACILITY, I		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TY) YOF WORK FOR MOST O		ID OF BUSINESS OR TRY
35	n_{ℓ}	AL RESIDENCE IN MURLIMO MORE OUT		ENCE BEFORE ADMISSION) OR TOWN	134 INSIDE CITY LIMITS?	1711 57	KESLI	13/
30	pt. Fà	STAHLEY	STOCKIL	EF	ROSE SE	DUGAN		LAST
medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR MIKNOWN) (IF YES, GIV	E WAR OR DATES)	109051	JOSEPH KU	TZ 1114.	DUNDALK	AVE
r other troumatic event, th		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	D BY	Eutatic ONSEQUENCE OF	Parce	capie Carc	elvorns BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
ows ony injury. o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	an Adi	TING TO DEATH BUT THE RWHICH OPERATIO	t disbeter	RMINAL DISEASE OR CON POL LETY 700 AUTOPSY? YES NO	206. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED
rem 18 sh	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	(2)
morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR JAT HOME, STREET, FACTOR		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
. 2		220.1 certify that (1) (this hosp saw the deceased alive or abave, (1) (we) (did) (did no		19 or		n death occurred an the d	ote and hour and from	
VT: If Rem 21		124 SIGNATURE	anous		PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF _ /	ATE SIGNED
MPORTANI		224. PHYSICIAN'S NAME THE	R PRINT)		22e ADDRESS			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by is should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the hospital or attending physician TO HOSPITAL BP.

DHMH - 16 60M 1/75 (VR A 15 (4))

23n NAME OF CEMETERY OR CREMATORY REMOVAL OF ERAL DIRECTOR REC'D-BY BEGINTRAR 25 PRECISTRADES SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 have after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

INFORTANT: If Hem 21 is marked or Hen 18 shows ony injury, or other traumatic event, the medical exem

			STATI	E OF MARYLAND	0	1 7	2 1 0
FOR		DEP	ARTMENT OF H	EALTH AND MENTAL HYGI	ENE O 4	1 3	5 4 4
	GISTRAR		CERTIF	ICATE OF DEATH	REG. N	0	1
1. DECEAS		MIDDLE	ŧ.	AST	20 DATE OF DEATH	MONTH DAY YEAR	
(TYPE OR PRI	CHARLES	4	LAth	E		6 18 84	805
3. SEX		RACE	5. DATE C		& AGE (IN YEARS LAST BIR		
//	rale.	white	MONTH	DAY YEAR 23-26	56	YRS.	
a. BIRTHP		CITIZEN OF WHAT COUN	ITRY?	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
4.4	Maryland	US	WIDOWE		Milo.Co	only	M
IN CITY OF	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NO		OR OTHER INSTITUTION	120. USUAL OCCUPATI		D OF BUSINESS OR
RAM	10411stown	Baltines		Conosal	Superviso	- 1	
USUAL RE	E 13 COUNT			13d. INSIDE CITY LIMITS?	13e STOPET ADDRESS	ZIP CODE	C. Mills
/	MD BALT	Irice Co Owing	s Mills	YES NO	4616	Critha K	0 2111
14 FATHER	R'S NAME FIRST MI	DDIE LAS	1	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
/	Henry	Lathe		Mary		Sorg	
160 WAS D	DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL	SECURITY NO.	17. INFORMANT Owing	s Mills ADDRI	ss MD 211	17
Ye		1.1	5-0638	Mrs Fyelyn I		Lathe Rd.	
	CAUSE OF DEATH (Enter only				OCIC TOLO	APPR	ROXIMATE INTERVAL EN ONSET AND DEATH
PAR	ove rise to immediate use (a), stating the idenlying couse last.	DUE TO, OR AS A CONS		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	lio
CERTIFICATION 130° (DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	partial	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
210.	ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR		RY IN ITEM IB PART I OR PART	2)
00.0	CONTRIBUTING CAUSE OF DEATH FEITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
1 2	. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	The same of	wn COUNTY	STATE
	HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	SIATE
7-1 V	I certify that (1) (this haspita	1) ottended the deceased f	rom 6	17/8 4 10 84	10 60 /	18 10 84	C, that (I) (we) los
	saw the deceased alive an_	6/18	001	nd that in (my) (our) opinion d	leath occurred on the d		
	obovig(t) [we] (did) (did not) SIGNATURE	viga the body after death		DEGREE		22¢. DA	ATE SIGNED
	Aterus	Tour her	- rus	ATTENDING	MEDICAL STA	FF (a	1/8/4
724	PHYSICIAN'S NAME (TYPE OR I	PRINT	1	PHYSICIAN 1	DIRECTOR PHYSIC	IAN	1 010
	STEVEN	STEMBE	11-1-	3502 0	ACONDON	PA	
			22 114115 55 5				
23g BURIA	AL CREMATION REMOVAL	23b. DATE	LIC NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
(SPECIF		23b. DATE 6/21/84		ran Cemetery		own Balltim	nore MD
Bur	rial	6/21/84 Byers Funera	Mt. Pa	ran Cemetery	RandalTst	own Ball'tin	

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician.

Market SAN of the course of the second by th and of the same of is the contract to the same of the contract of executed within 24 hours after death.

3	FOR STATE REGIST	RAR		DEPA	RTMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYGI		G. NO.	5 3	5 0
	1. DECEASED (TYPE OR PRINT)	NAME FI	al al	WIDDLE	hEO	nA 1	d	2a. DATE OF DEA	6-	2-84	12-30
18	3. SEX	nale	4. RACE	hite	5. DATE O	PF BIRTH	1890	6. AGE (IN YEARS L	74 YRS.	MONTHS DAYS	HOURS MI
6//	70. BIRTHPLAC	E (STATE OR FORE)	GN 76. CITIZEN	OF WHAT COUNT	MARRIE		MARRIED -	9. BALTIMORE C	TY OR COUNTA	OF DEATH (Baltimo	200
8 1/	10. CITY OR TO	OWN OF DEATH		OF HOSPITAL, NUI			TITUTION	12a USUAL OCCU		126. KIND OF	
10		son	Tows	on Con	VALESC	ent	Home		Worker	Black	& Dec
15	13a. STATE		Balto	13c. CITY OR T		13d. INSIDE (NO X	13e, STREET ADDR	leahe	ne Ac	e. 2
1 Page	14. FATHER'S	NAME FIRST	MIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	E MID	DLE	LAST	
PSAU	WAS DEC	Richard		Lead			Rebecca	Jane	Marple		
redicc	(YES, NO OR		J.S. ARMED FORCE YES, GIVE WAR OR DATE	123		17 INFORM		G. Beau	4		
or other trou	gove couse underl		ofe the ost. DUE TO	D, OR AS A CONSE		NOT DEL ATE	D TO THE TERM	NAI DISEASE OR	CONDITION C''	/EN IN GARY 1	,
aws any injury.	Ž Z	PP K	SCUD	T Chun	MC L	nmr	Synd ORMED	200 AUTOPSYT	COSTU 204. IF YES IN CERTIF	asthus S. WERE FINDING FYING CAUSES O	
18 19 19	DECOM	DENT WAS UNDERLY TRIBUTING [CAUS ER, NOTIFY MEDICALE	E OF DEATH HOUS	AE OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21s. HOW R	NJURY OCCURR	D. I grutter wature o	IF INDUST IN ITEM TE.	PART LOWPART 21	
rkedor	MEDICAL FOR PIE	URY OCCURRED		ACE OF INJURY N. 13461 FACTORY OF	CE FARM ETC.)	219. LOCATI		CITY	OFTOWN	countr	STATE
21 is ma	1004	the didwest?	and the same of	the deceased fro	CIIB	d that in (my	10 <mark>8-5</mark>	toor	3 the date and hou	10 2 9 the co	at (I) (va) ruses stated
1	27k S1G	L VA I	W	//	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL DE	STAFF HYSICIAN []	04	184
PORTAN	776.54	CHAT	o M	AFFEL	zu:	G C	A CONTRACTOR OF THE PARTY OF TH	num	the De	212	04

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

ethined by the hospitol or

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Burial
24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Road

6/5/84

73b DATE

23e BURIAL, CREMATION, REMOVAL

TOWSON Maryland
Na Date REC D By REGISTRAP 198 REGISTRAP'S SIGNAPURE
JUN 5 1984 Prospect Hill Cem

ZM LOCATION CITY OF TOWN

STATE

county

MARIE HER-S-S - S COLLEGE STATE STATE (acceptation) (specially and the second (national) Med & Bolto French L. La Killian Species He Anglo Branch Grand Spile - Concrete ELL LY COR RELIEF SEC WITH had loss in end ince, inc. in tor lord

executed within 24 haurs after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tuner should be detached far use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filled writin 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical exa

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE B REG. NO	1	5 3	5
	CEASED NAME	FIRST		MIDDLE	L/	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
,,,,,,	Car	rolyn	I	ζ.	Le	vy			6 20	84	M
3 SE:	Female		White	9	5. DATE O MONTH 10	DAY	YEAR 892	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a BI	RTHPLACE (STATE ORF	OREIGN 7		WHAT COUNTRY $\mathbf{S} \cdot \mathbf{A} \cdot$	MARRIED	NEVER MAR	RIED '	Baltimore CITY o			MD.
T	TY OR TOWN OF DEA OWSON		Dulaney	Valley	Nursii	ng Home	TION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Fur Buyer		126. KIND O INDUSTRY	F BUSINESS OR
130. 5	AL RESIDENCE (IF NURS) STATE Tyland	136 COUNT		GIVE RESIDENCE BEFO		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS / 502 Cast1	ZIP CODE e Dr. 2	21212	
14. FA	ATHER'S NAME		IDDLE	LACT		IS MOTHER'S MA		MIDDLE		LAST	
	Herman	~	DULE	Klug	ge	Franc	cisco	WIDDLE	Ur	nknown	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES)	166 SOCIAL SEC 216-03-9		Mrs. St	tephen	ADDRE			
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	line for (o), (b), o	MYC	CARDIA	- 11	FARCTICA	1		MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	(b)_	R AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	105CLE	RUTIC	CV	DIZETS	E	YE	ARS
NO	PART 2 OTHER SIGN		EMPHY	SEMA	DEATH BUT	NOT RELATED TO		NAL DISEASE OR CON	TE (ERU	
CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMI	ED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES	WERE FINDIN NG CAUSES	GS USED OF DEATH? NO
	OR CONTRIBUTING (FEITHER, NOTIFY MEDIC	AUSE OF DEAT			DAY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	+ OR PART 2)	
MEDICAL	21d. INJURY OCCURE		210 PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR 10	WN	COUNTY	STATE
	220 I certify that (1) sow the decease above (1) (we) (5						r) opinion d	, to eath occurred on the de	te and hour o		that (I) (we) last couses stated
	22b. SIGNATURE	osan	ll-	oner deom.		PHY	NDING SICIAN	MEDICAL STAF	F IAN []	20 Ja Ja	SIGNED Y
	N. ROS	SEMB	LUM LUM		200	16	OSCE	1 01 (10	9 70	Mzan	21204
	BURIAL, CREMATION,	REMOVAL	236. DATE 6/23		NAME OF CI	Park		23d LOCATION CITY OF TOWN Baltimo	re	COUNTY	Md.
	uneral director itchell-Wie	edefe1	.d 6.	500 York	Rd.		250 DATE	N 2 6 1984	Julia Da		ure Janale

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CERT	IFICATE OF DEATH	REG. N	0.	
1. DECEASED NAME	FIRST		MIDALE	LAST	20 DATE OF DEATH		2b HOUR A
(TIPE OK PRINT)	SOLOMO	ON	LE'	VY	JUNE 14,	1984	6:31 A.
3. SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	
MALE		WHITE	AU	G. 10°, 190°1°	82	YRS	TS HOURS MIN.
e. BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY? 8 MARR	ED X NEVER MARRIED		R COUNTY OF DEATH	
POLAND	-	- 45	SA WIDOV	VED DIVORCED		RE COUNTY	MD
TOWSON	1	MULT]	HOSPITAL, NURSING HOME HEACHLITY, GIVE STREET ADDRESS) [—MEDICAL CON		TOUNDER		ONAL SALE
ISUAL RESIDENCE	(IF NURSING HI KE OR PRES OUN	OTHER INSTITUTION. TY	GIVE RESIDENCE BEFORE AGMISSION BALTIMORE	YES NO _	3635 GLENG	YLE AVE.	#21215
14 FATHER'S NAME	SEPH ^	AIDDLE	LEVY	JENNIE	MIDALE		LAST
WAS DECEASED (YES, NO OR UNKNOV NO	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 216-32-8239	MRS.	FLORENCË L E AVE. BAL	TO. MD 2	5-B 21215 DOXIMATE INTERVAL EN ONSET AND DEATH
7	ortes	ulcers		OT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
AT	11.5				YES NO	YES	NO 🗌
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEA Y MEDICAL EXAMINER) CCURRED NOT WHILE AT WORK	HOUR A.	M. MONTH DAY YEA M. 19		RED (ENTER NATURE OF INJU		STATE
	hot (I) (this hospit leceosed plive on (wor(did) (did not			and that in (my) (coo) apinion	death accurred an the d	ate and haur and from t	_, that (I) (me) last he causes stated
I SIGNATUI	517	Tr	5		MEDICAL STA DIRECTOR ☐ PHYSIC		14/84
The state of the s	BRIAN KA			220 ADDRESS 11 SLADE A	VE. F	BALTO., MD	21208
230 BURIAL, CREMA (SPECIFY) BUR	IÁL	JUNE 1	5,1984 HAR ZI	CEMETERY OF CREMATORY ON TIFERETH IS	23d LOCATION CITY OR TOWN	ALE BALTO	STATE MD
24 FUNERAL DIRECT		LEVINSO	N & BROS., IN	IC. 250 DAT	E REC'D. BY REGISTRAR M 2 0 1984	A SEGISTRATE SIGN	Markalle

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physisten and should be detached for use as the burial-transit permit. Then please remove carban paper Pogravith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

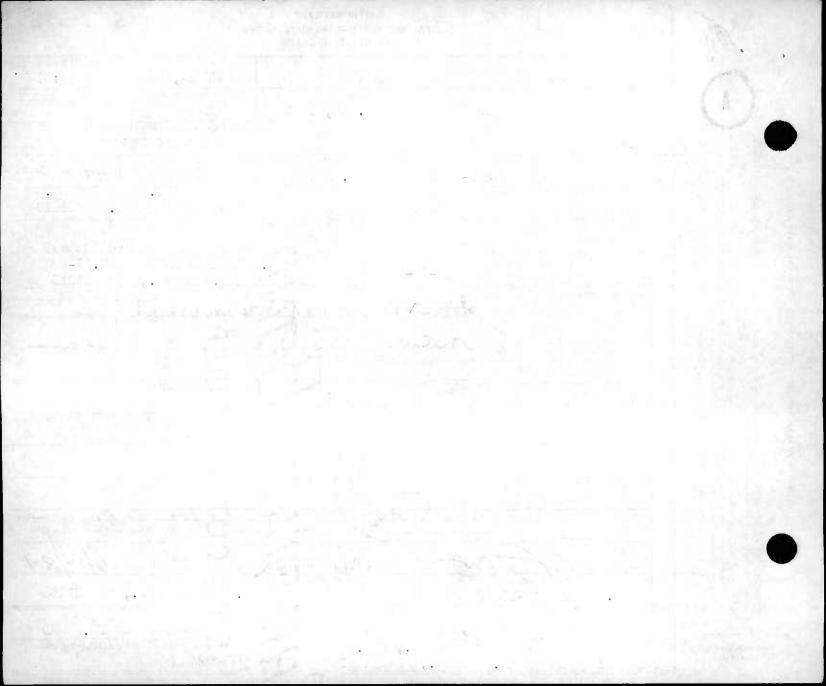
IMPORTANT: If them 21 is marked ar Item 18 (hows any injury, ar ather traumatic event, 🖷

OR ATTENDING PHYSICIAN The law requires that the death certificate to

retained by the haspital ar attending physician

TO HOSPITAL

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requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

ī		REGISTRAR EASED NAME FIRST		MIDDLE	1	IAST	REG. NO		YE AR	26 HOUR
1	(TYPE	OR PRINT) Fran	ces Paul	line LEWI	S		June 8, 19	84		1:00
	3. SEX		4. RACE	,	5. DATE O		6 AGE (IN YEARS LAST BIRT		INDER I YEAR	# UNDER 2
		male	White	e	8-	23-1915 YEAR	68	YRS.		1.00#3
1	7a BIF	STHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 1	DE NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	1111
	Ma	ryland	USA		WIDOWE	ED DIVORCED	Baltimore			
7	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND (INDUSTRY	OF BUSINES
4		ssville	Frank1	lin Squa	are He	ospital	Housewife		Hom	e
1	USUA 13a. S	L RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION	13c. CITY OR TO	WN	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE		
			Ltimore	Rosedal	e	YES NO	1214 N 62	nd St	212	37
3/1		THER'S NAME FIRST	MIDDLE	tAST		15. MOTHER'S MAIDEN NA	WIDDLE		LA	12.
4		11iam	Ross	Wolfe		Julia :	Florence	John		
		/AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)			17. INFORMANT		4 N 6		
L	no			219-12	2-067	Charles J.	Lewis Bal	to., 1	Md.	2123
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, (Metastat Or as a consequ						
5	ICATION	gove rise to immediate couse (a), stating the underlying couse lost.	(c) T CONDITIONS <u>C</u>	OR AS A CONSEQUE	UENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	20b. IF YES, WIN CERTIFYIN	ERE FINDI	INGS USED
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	WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION NOTIFY MEDICAL EXAMINATIO	T CONDITIONS CONDITION	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH IN P.M. E OF INJURY OFFICE THE deceased from t	DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.) MAY 16 84	21c. HOW INJURY OCCUR 21l LOCATION STREET 19_84 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [YES NO X RED (ENTER NATURE OF INJUR CITY OR TOV to June 8 death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [YES IT WITTEN IS PART IN ITEM IS PART	COUNTY 81 221. DATE	INGS USEE S OF DEAT NO [

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CEKTIF	ICAIL	PULATH		REG. NO.			
	CEASED NAME FIRST		MIDDLE	ī	.AS1		2a. DATE OF D	EATH MONTH	DAY	YEAR	2b. HOUR
(ITPE	BAR	BARA	E.	40	EBE	LSON		YUNE	12	84	2:45 AM
3 SE	Х	4 RACE		5 DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)		NDER I YEAR	IF UNDER 24 HRS
3%	Female	in	/ hite	MONTH		3-47	37	Y	MONT	HS DAYS	HOURS MIN
70. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	_ []	ED ADDIED TO	9 BALTIMORE	CITY OR COL	NTY OF	DEATH	
	hio		USA	WIDOWE		DIVORCED T	В	altimo	re	Co.	MD.
ur ci	ITY OR TOWN OF DEATH		HOSPITAL, NURSING	G HOME C		NSTITUTION	12ª USUAL OC				OF BUSINESS OR
	INGS MILLS	ROSE	WOOD STREET A	CEN	TER		N O	ne ne	AG LIFE)	NDUSTRY	
	AL RESIDENCE (IF NURSING HOME OF STATE 131, COU		13c. CITY OR TOWN	٧ _	136 INSID	E CITY LIMITS?	13e STREET AD	Sinno	tt	Dr.2	0817
14. FA	Robert	MIDDLE M.	Loebel	son	15 MOTH	FIRST Jean		MIDDLE	A	mdur	
	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECUE	RITY NO.	17 INFOR	TAM		ADDRESS			
	No	TE WAR OR DATES	None		Mr.	Robert	M. Lo	ebelso	n	Beth	esda, Md
	2402	TE CAUSE (a)	PNUEM RASA CONSEQUE SIEBURE	ON IA						APPROX BETWEEN	imate interval Onset and death
NO	Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OI	RASA CONSEQUE ENCEPHAL	D PAT	THY O	PROTOU		OLOGY			
CERTIFICATION	190 DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTOPS				NGS USED OF DEATH?
	218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		FINJURY M. MONTH DA M.	Y YEAR	21c. HOV	V INJURY OCCURR	ED (ENTER NATUR	e of injury in itea	A 18, PART 1	OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		211 LOC	ATION EET	CI	TY OR TOWN		COUNTY	STATE
	22a.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	JUNE	19_5	24.0	nd that in (my) (aur) apinion d	, to/V death accurred o	on the date and	19_ I haur and	d fram the	
	22b. SIGNATURE	. Ocar	mpo	Ma-	DEGREE 220 ADD		MEDICAL DIRECTOR			Le /	12/24
	JOSELITO	c. c	CAMP		DW	NUS X	4116			LANG	71110
_5	BURIAL, CREMATION, REMOVA SPECIFY) remation	June				or crematory Memoria	1 23d. LOCATION TO Ba	ltimo:	e, M	d.	STATE

Reisterstown, Md.

21 1 1 4 1984

256 REGISTRAP'S SIGNATURE

BP. DHMH - 16 60M 1/75

(VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician or should be detached for use as the busial-transit permit. Then please remove carbanpapers. Powith the State Dept. of Health and Mental Hygiene prior to busial, cremation, or remaval.

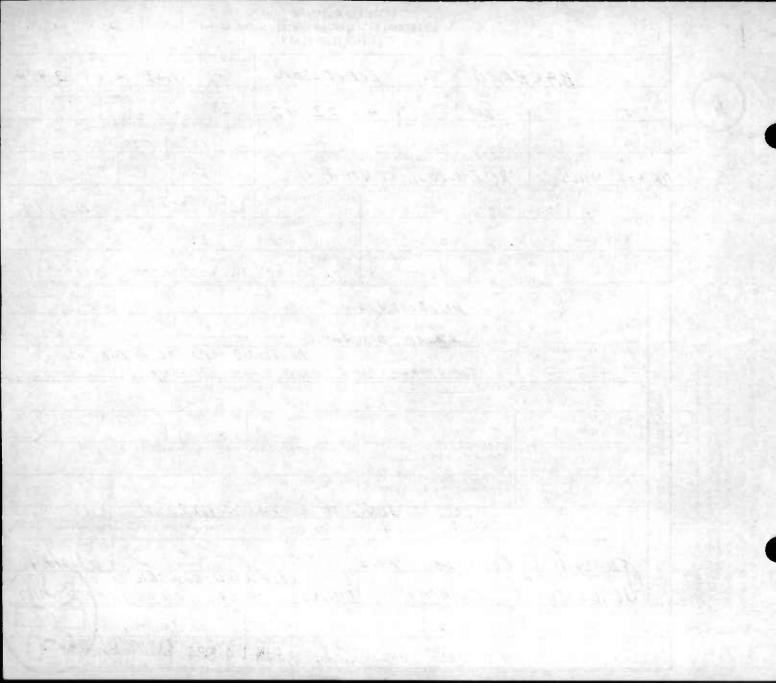
TO HOSPITAL OR ATTENDING PHYSICIAN. The low

etained by the hospital or

injury, or other troumatic event,

IMPORTANT: If them 21 is marked or them 18 shaws any

24 FUNERAL DIRECTOR
Eline Funeral Home



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. g should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or ather traumatic event, the medical

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

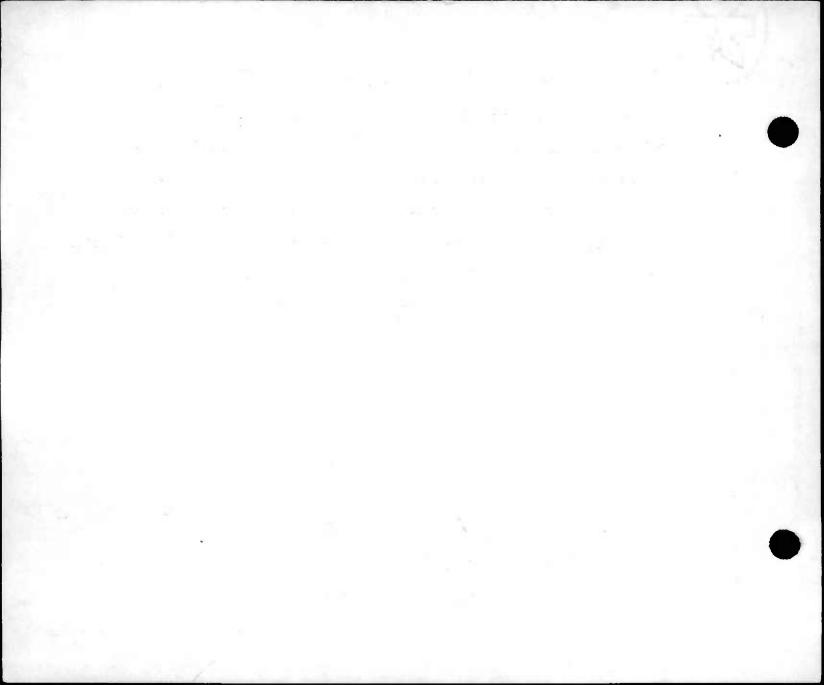
5 5 5

_	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	OR PRINT) ELILA	B2T,4 L.	LONG	Juns 10, 19	M 48
3 SEX	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
F	mali	WHITE	Nov-17 1913	TO YRS	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OFDEATH
1	ARYLAND	U.S.A.	WIDOWED DIVORCED		OUNTY MD.
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
TA	RKVILLE	2717 GLINDA	LE ROAD	AT Home	
130 5	ARYLAND BALT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW TARKY 12	YES NO YES NO	13e.STREET ADDRESS / ZIP CODE	2 ROAD
14. F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE WIDDLE D	TE DE D
	1117100	RRAF!	FRZUH	ADDRESS	SIZKIR
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	0	
\mathcal{L}	10	30037	332 FAMILT	KECOEDS	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	Inly one cause per line for (a), (b), on ED BY ATE CAUSE (a)	tiple Myelono	λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	2030	DUE TO, OR AS A CONSEQUE	ENCE OF		
	Conditions, if any, which gave rise to immediate	(b)			
	cause (o), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
	underlying couse lost.	((c)			
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TIO
0					
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 8	PART I OR PART 2)
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	270 L cortifue that (1) (thus have	oital) attended the deceased from	./ Solot 10 83	10 JUNO 10	19_84_, that (I) (we) lost
		off) view the body offer death.	3//	death occurred on the date and hou	
	226. SIGNATURE		DEGREE		22c. DATE SIGNED
	Charle	1 Kacexett	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	613/84
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
	DR. CHARLES	PADGETT	5601 Loc	H RAVER BLY	0 ·
23a E	BURIAL, CREMATION, REMOVAL	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
C	REMATION	JUDEB 1984 G	RSS MOUNT	BALTIMORS	MARYLAND
24 FI	UNERAL DIRECTOR	ADDRESS	250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE DE
18	VANS CHAPILS	OF MEMORIES HE	ARFORD ROAD !!!!	N 1 9 1984	11-10/201-11

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



FOR

- STATE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Bert		Lorenz	6	15 84 1:20
3.	Female	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 2
70	BIRTHPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTR	1/23/ 1918	9 BALTIMORE CITY OR COU	
5/	Baltimore Cit		MARRIED LINEVER MARRIED		
10	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore	17b. KIND OF BUSINE
8	Owings Mills M	D. Rosewood C		(TYPE OF WORK FOR MOST OF WORKIN	
	SUAL RESIDENCE (IF NURSING HO	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS	181231
7	Md. 7	Sail	YES NO	1400 600	okini 1
W'	FATHERS NAME	O MEDUS (ACT	15. ACRES CASES AS	XXX (Sister-Ga	udian)
40	elbert of	orens.	Frank		Kunres
20	(YES NO OR UNKNOWN) (IF YE	ARMED FORCE 166 SOCIAL SE	CURITY NO. 17 INFORMAN 1427	E. Clements Str	eet
1	NO	100x		more MD. 21230	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per line for (a), (b), (USED BY:			APPROXIMATE INTER
	IMME		ration		20min
14	Candidan if	DUE TO, OR AS A CONSEC	al retendat	ing - ara four	od lifet.
	Conditions, if any, which gove rise to immediate couse (a), stating the			1011-10101000	10 1116 114
	underlying couse last		UENCE OF		
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
2	HU+cui	oscicuotic	- Cordin unoc	wo dio	aso
No. 19	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH
				YES NO	YES NO
200	00.00.00.00.00.00		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	1B PART 1 OR PART 2)
/ NEDICA	71d INJURY OCCURRED	21e PLACE OF INJURY	19 21f. LOCATION		
N N	ANUITE NOT MHILE	(AT HOME STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY
		ospital) attended the deceased from	4/11/83 10	10 6/10	10 8 V short 11/100
	sow the deceased alive	/ / / / !!!	, and that in (my) (ger) apinion	n death accurred on the date and	hour and from the causes stat
	226. SIGNATURE		DEGREE		22c. DATE SIGNED
	Barbar	a W Weid 60	attending Physician	MEDICAL STAFF DIRECTOR PHYSICIAN	6-15-8
7	22d. PHYSICIAN'S NAME (T	THE ORPHINITY	THE ADDRESS	10	
	libarbar	TAN. 11 CCC	100 Rober	COCCENTE	

STATE OF MARYLAND

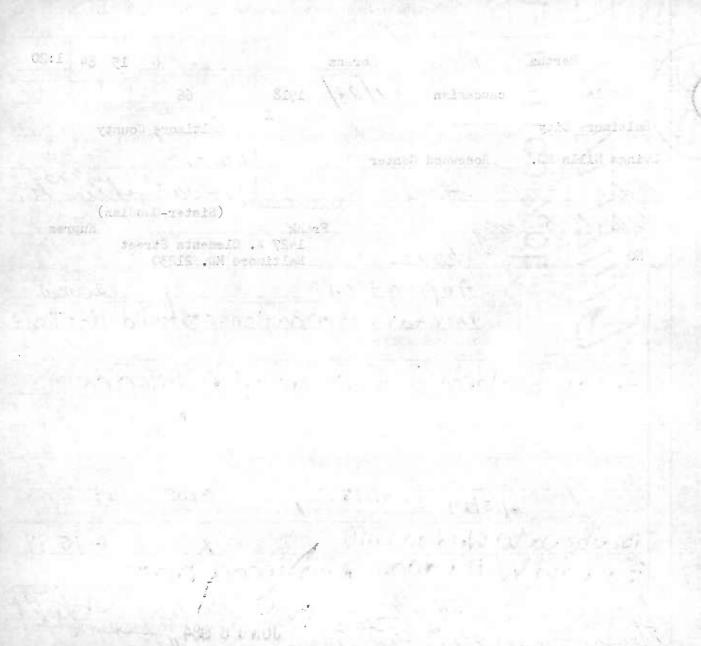
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

DHMH - 16 50M 1/B1 ø (VRA 15, 4)



completely filled in by the s I and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	E	-	5	5	5	1

		REGISTRAR				CERTI	FICATE OF DEATH		REG. NO.			
		CEASED NAME OR PRINT)	MYRTI		TLEDGE	LO/	VE	June 11			YE AR	26. HOUR
7	3. SEX	Female		4. RACE Whit	e	5. DATE O	of Birth 5t. 6, 1896	6 AGE (IN YEAR 87	S LAST BIRTHDAY		UNDER 1 YEAR	IF UNDER 24
71.	7a. BIF	RTHPLACE (STATE OF COUNTRY)	ina	76 CITIZEN OF U.S.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DED MORCED	Baltimore Baltim		OUNTYO	FDEATH	
G		rogers Fo	rge	541 ปีนั้	nkirk Rd	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC TYPE OF WORK FO Homem	R MOST OF WO		17b. KIND O INDUSTRY	F BUSINESS
5	Ma Ma	LRESIDENCE (# N. TATE ryland	13b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Rogers	/N	134. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADI 541 Du	DRESS / ZIF nkirk	code Road	21212	2
30)	THER'S NAME FIRST John	Thon		utledge		IS. MOTHER'S MAIDEN NA FIRST Martha		AIDDLE		Ada	ams
1		VAS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	820-03-		Mr. Charles (Love,	Jr.	same	as #	13 MATE INTERVA
		Conditions, if or gove rise to it couse (o), sto underlying cou	mmediate ting the	(b)_	R AS A CONSEQUI	rolis	el artem	ollero	ښد			
	ATION	gove rise to in couse (a), sto underlying cou	mmediate ting the ise last. GNIFICANT (DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DR CONDITION	b. IF YES, V	VERE FINDIN	NGS USED
2	U	gove rise to in couse (o), sto underlying cou PART 2 OTHER SI	mmediate fing the ise last. GNIFICANT ((b)	R AS A CONSEQUENTRIBUTING TO	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPS YES \(\) N	OR CONDITION 200 IN	b. IF YES, V CERTIFYIN YES [VERE FIND IN	GS USED
27	CERTIFI	gove rise to in couse (a), sto underlying counterlying counterlying counterSir	mmediate ting the tise last. GNIFICANT (RATION UNDERLYING [] CAUSE OF DEAL EDICAL EXAMINER	(b)	R AS A CONSEQUENTIAL PROPERTY OF INJURY M. MONTH D. M. OF INJURY	ENCE OF DEATH BUT OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 214 HOW INJURY OCCUR	200 AUTOPS YES N RED (ENTER NATUR	OR CONDITION Y? 20t IN 10 K 10 K	b. IF YES, V CERTIFYIN YES [VERE FINDING CAUSES	NGS USED OF DEATH? NO
27	MEDICAL CERTIFICATION	gove rise to it couse (o), sto underlying counderlying counderlying counderlying counderlying counterlying contributions (retiries, notify all volumes).	MINED THE SEE OF THE S	DUE TO, O CONDITIONS CO 196 COND 196 COND 196 COND 196 COND 216 TIME COND AND AND 216 PLACE (AT HOME, STILL tol) offended to	R AS A CONSEQUENT OF INJURY M. MONTH D. M. MONTH D. M. MOF INJURY REEL, FACTORY, OFFICE, 1 e deceased from	DEATH BUT OPERATIO AY YEAR 19 HARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET	200 AUTOPS YES N RED (ENTER NATUR	OR CONDITION Y? 20t IN 10 K 11 OR TOWN	b. IF YES, V CERTIFYIN YES [IIIEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH! NO STAIL
29	CERTIFI	gove rise to it couse (o), sto underlying counderlying counderlying counderlying counderlying counterlying contributions (retiries, notify all volumes).	MINED THE SEE OF THE S	DUE TO, O (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. C 11c PLACE (AT HOME, STE	R AS A CONSEQUENT OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, 1 e deceased from	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.ETC)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 2 - 2 , 19 312 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPS YES N RED (ENTER NATUR	OR CONDITION (Y? 200 IN	b, IF YES, W CERTIFY IN YES [ITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY	NGS USED OF DEATH! NO STAI
29	MEDICAL CERTIF	gove rise to it couse (a), sto underlying counderlying counderlying counderlying DATE OF OPER 210. ACCIDENT WAS COR CONTRIBUTING (IF EITHER, NOTEY MIZE) NOTEY MIZE N	MINIOR THE STATE OF THE STATE O	DUE TO, O (c) DUE TO, O (c) 19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, STE (AT HOME, STE (at HOME) (b) view the body (cd , M.D.	R AS A CONSEQUE ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D. OF INJURY REET, FACTORY, OFFICE, 1 ofter depath.	DEATH BUT OPERATIO AY YEAR 19 HARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION STREET 2 - 2 , 19 312 and that in (my) (our) opinion DEGREE ATTENDING	ZOO AUTOPS YES N RED (ENTERNATUR deoth occurred of DIRECTOR DIRECTOR	OR CONDITION Y? IN IN IN IN IN IN IN IN IN I	b. IF YES, V CERT IFYIN YES [IITEM 18 PART	VERE FINDING CAUSES 1 OR PART 2) COUNTY 84 nd from the	stal that (I) (we couses state SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may by retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral funeral should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled within 72 natural thread with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
P 5	

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IMPORTANT: If Item 21 is morked or them 18 shows ony injury, or other troumotic event, the

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
E	LAST	20. D

	FOR			DEDAD		TE OF MARYLAN HEALTH AND ME		tene 8	day		1	3	5	8
1.	STATE REGISTRAR			DEPAR		FICATE OF DE		IENE						3
1. DE	CEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF	REG. NO	MONTH	DAY	YEAR	2b. HOL	IR
(TYPE	E OR PRINT}	So1		В.	Lo	ove				6	28	84	05	40 M
3. SE	х		4. RACE			OF BIRTH		6. AGE (IN Y	EARS LAST BIRT	HDAY)	IF UND	ER I YEAR	# UNDER	-
	Male		whi	te	6º0NI	27	1 937	47		YRS			HOURS	MIN.
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY	? 8. MARRII	ED X NEVER MA	RRIED 🗆	9. BALTIMO	RE CITY O	R COUN	ITY OF D	EATH	THE	11-14
W	shingte	n.D.C	II NAMED	S A FHOSPITAL, NURS	WIDOW		RCED [Balti				KINDO	E RUSINI	MD.
	andallst		(IF NOT IN S	Hamor F	ET ADDRESS)	OR OTHER INSTITU	011014	(TYPE OF WORK	FOR MOST O		SLIFE) IN	edic		
ÚSU	AL RESIDENCE HEN	URSING HOME O	ROTHER INSTITUTIO	ON, GIVE RESIDENCE BEFO	RE ADMISSION						1111	Sair	ene	20
	aryland	Balt	imore	Randal	wn Lstow	13d. INSIDE CITY	LIMITS?	130. STREET A	ADDRESS Hamo	or R	oad	011		0
14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M			MIDDLE			LAST		
	Irvin		Model	Love		Rose	51					nhėi	m	
16a. \	WAS DECEASED EV		MED FORCES			17. INFORMANT			ADDRE	800	Ham	or R	≀d.	
7	es	196	1-106	577-52	2-370	4 Sondr	a A,	Love			118	town	Md	-
	18. CAUSE OF DE	ATH (Enter o	nly one couse p	er fine for (o), (b), q						811		BETWEEN	NATE INTER	DEATH
			TE CAUSE (o)_			collapse,	seps	is, re	spira	tory				
			DUE TO,	OR AS A CONSEC										
	Conditions, if o		(b)_	Diffuse CSF inv	hist	ocytic ly	mphom	a with	brai	n, e	ye.			
111	couse (a), sto		DUE TO,	OR AS A CONSEC	OF ACE OF	der 2° re	ocurre	nt can	eie					
	PART 2 OTHERS	GNIEICANT	(c)_	CONTRIBUTING TO						DITION	SIVEN IN	PART 1/2		
No	THAT E. OTHER S	ON I CAN	conditions,		<u> </u>	THE THE THE THE	4	WAL DIGERO			J 1 1 2 1 1 1 1			
CERTIFICATION	INE DATE OF OPE	RATION	1% CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORM	AED	26e AUTO	PSYT			E FINDIN CAUSES		
E E	4							YES 🗆	NO	NA CEN	YES [LAUSES	NO [
	21s. ACCEPHIT WAS	CALL COMPOSITION AND	and the second second	OF INJURY	DAY YEAR	21c HOW INJU	RY OCCURR	SED (INTERNA	THE OF PAUL	o on Hiller I	E PART I O	EFMIT 2)		
MEDICAL	EN ETHER NIGHT M	EDICAL EXAMINE	6	P.M.	19							100		
WED	214 INJURY OCC	NO CONTRACT		E OF INJURY	FARM ETCS-	THE LOCATION			CITY DR 104	NN.	61	DIPHTY	3	TATE
	AT WORK D NOT					1 de	,		-2	4	1			
	22s I certify that			100 1 100 11		ind that in my) (or	30	death accurat	d no the de	A Conti	600 p.		that (I) (s	California
-	Obove, / Iwe	(did I did no	ot view A il boo	of attendent		DEGREE	or Lockinson	DECENTED	u on the oo	ire and r		2c. DATE:		neu
Н	100	Vas	1	2011/	MA	ATT	ENDING	MEDICAL	STAF			15	VIV	4
15	714 PHYSICIAN'S	NAME THE	HARLES	ANGELL, N	A.D.	22a ADDRESS	YSICIAN X	DIRECTOR	LI PHYSIC	IAN []		ga	0/0	-
		6	11 Park	Avenue		CONTRACTOR SEC								
23a	BURIAL, CREMATIO	N. REMOV	ENTERNANCE.	Marylanda	RALES	EMETERY OR CRE	EMATORY	234 LOCA						
	men bur	lal	June	28,198	4 Bet	h Israe	el Mi	kro Ba	ltim	ore	cou		ary	land
-													_	-

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

M. FUNERAL DIRECTOR

Hebrew Memorial Funeral

1100 Reisters

MikroBaltimore

Baltimore Maryland
By REGISTRANDA REGISTRANDS SIGNATURE
1084 June Davidson And SE 35e DATE REC'D.

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executed within 24 hours ofter death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, pages should be detached for use as the burial-transit permit. Then please remove carbanpapers: Pages 1 and 2 shauld be filed within 72 hours after dear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

IMPORTANT: If Hem 21 is morked ar Hem 18 shaws ony injury, ar ather troumotic event, the medicol exam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	REG. N	10.		
(TYPE	CEASED NAME E OR PRINTI DUA	NE	C. Z	UTZ		JUNE &	21 19 8	4	26 HOUR
3. SE.	X Male	4. RACE	ite	5. DATE O		6. AGE (IN YEARS LAST BII		UNDER 1 YEAR	HOURS /
	IRTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN 76. CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OF		OF DEATH	TY
1	TWSON	SAIN	SUCHEACILITY, GIVE STREET	PH	HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TINSURANC	OF WORKING LIFE)	126 KIND OF	BUSINESS
13a S	AL RESIDENCE (IF NURSI STATE aryland	13b. COUNTY Baltimore	13c CITY OR TOW Parky 1	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS.	ZIP CODE I	Road 2	1234
	George	WIDDLE	Latz	z, Sr.	15. MOTHER'S MAIDEN NAM	WIDDLE		Hughm	an
16a V	WAS DECEASED EVER	IN U.S. ARMED FORCE (# YES, GIVE WAR OR DATE			17. INFORMANT Carole E. Lu	tz 2451 Wo	ess odcrof	t Road	
	18 CAUSE OF DEATH PART I, DEATH W		CENTIL		a with Vas	cula Coll	apre	BETWEEN O	NSET AND DE
	Conditions, if ony, gove rise to imm couse (a), statin	which (binediate)	O, OR AS A CONSEOU O, OR AS A CONSEOU	JENCE OF	PORTAL OF				
ATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which and to the lost. Condition	O, OR AS A CONSEOU O, OR AS A CONSEOU O, OR AS A CONSEOU	JENCE OF JENCE OF DEATH BUT I	PORTAL OF	= entry	UDITION GIVEN	WERE FINDIN	GS USED
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	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAL 21a. ACCIDENT WAS UND OR CONTRIBUTING (# ETIMER, NOTHY MEDK 21d. INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK 22a. I certify that (U) sow the decess	which headiate g the last. (c) WIFICANT CONDITION WHAT OF CONDITION	O, OR AS A CONSEOU O, OR	DEATH BUT IN COMMENT OF THE PERSON OF T	PORTME OF NOT RELATED TO THE TERM LE TO NOW AS PERFORMED 211 HOW INJURY OCCURR 211 LOCATION 518661	INAL DISEASE OR CON 200 AUTOPS!? YES NO CITY OR TO	20b. IF YES, VIN CERTIFY II YES JRY IN ITEM 18 PARI DWN 19	WERE FINDING CAUSES:	GS USED DF DEATH NO
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAL 21a. ACCIDENT WAS UND OR CONTRIBUTING (# ETIMER, NOTHY MEDK 21d. INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK 22a. I certify that (U) sow the decess	which which and to the decision of the last. WIFICANT CONDITION FION 19b. CC PERLYING 19b. CC TRON TRON 19b. CC TRON TRO	O, OR AS A CONSEOU O, OR	DEATH BUT IN COMMENT OF THE PROPERTION OF THE PROPERTIES OF THE PR	PORTAL OF NOT RELATED TO THE TERM IN WAS PERFORMED 211 LOCATION STREET 1989 d that in (my) (my) apinion of DEGREE	INAL DISEASE OR CON 200 AUTOPS!? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI	206. IF YES, IN CERTIFY II YES JRY IN ITEM 18 PAR JOHN 15 PAR LIFE AND THE METER 18 PAR LIFE AND THE PAR LIFE AND TH	WERE FINDING CAUSES IT TOR PART 2) COUNTY and from the county 22c DATE:	GS USED DF DEATH NO STA STA STA STA STA STA STA STA

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPA	STATE OF MARYLA RYMENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYGIENE	REG. NO.	d'i Manage	5	3	Ó,	û
MIDDLE	LAST	20 DATE OF	DEATH MONT	H DAY	YE AR	2b.	HOUR	
TD	Time.			O.L.				

REGISTRAR DECEASED NAME (TYPE OR PRINT) IRVING L.B. LYNCH, SK. June 9, 1984 # UNDER TYEAR 5 DATE OF BIRTH 3. SEX 4 RACE MONTH YEAR Male White June 18. **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE | STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Covington, Baltimore County. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 115 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
6710 Tweedbrook Road INDUSTRY 21239 nspection Engineer Constructi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
13b. COUNTY
13c. CITY OR TOWN
21239 13e STREET ADDRESS / ZIP CODE 6710 Tweedbrook Rd. 13d. INSIDE CITY LIMITS? 21239 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME Linda Beveridge Lvnch 16h SOCIAL SECURITY NO 17 INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES 40-01-2196 Laura B. Lynch6710 Tweedbrook Rd. 21 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate (a), stoting underlying couse CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 7600 0

should be detached with the State Dept. MPORTANT 23a BURIAL CREMATION REMOVAL Burial 24 FUNERAL DIRECTOR

DHMH - T6 50M 4/83 (VRA 15, 4)

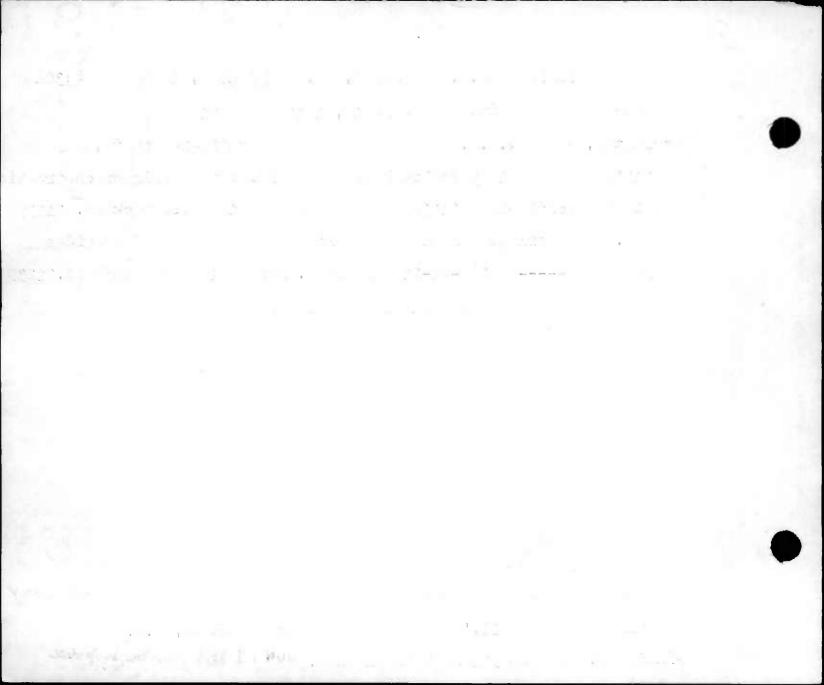
Mental Hygiene priar

18 shows

23¢ NAME OF CEMETERY OR CREMATORY 84 | MaplewoodCemetery

CITY OF TOWN Wilson

Johnson8521 Loch Raven Blvd.

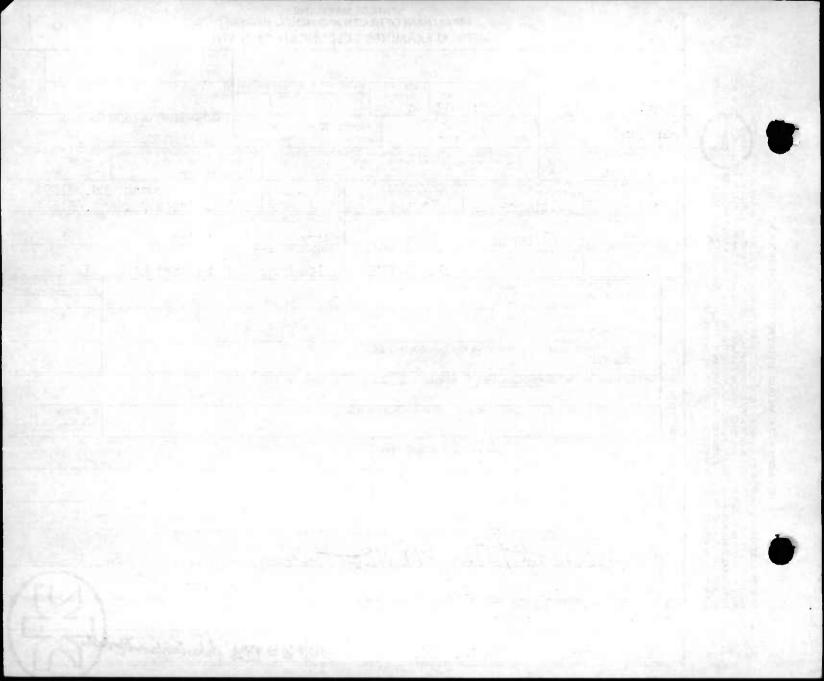


DHMH - 17 (VR A15 ME (5))

20M 4/82

NY, PLEASE DIRECTOR. DUR FILES. 72 HOURS DN STREET,

1-	FOR STATE REGISTRAR			S DEPARTMENT OF STREET OF		AND MEN	TAL HYG		5 NO.	3 6	
	PE OR PRINT)	ne FIRST Racha	el	M.	Lyr	nch	4	26. DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR 21 19 84	26 HOUR
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE	IN YEARS IF UN	DER 1 YR. IF	UNDER 24 H		MONTH	DAY YEAR	24 HOUR
Fe	emale	White	2 18	02 82	YRS.	DAYS	HOURS MI	PRONOUNCED DEAD	6-2	21 19 84	9:30
7s. B	SIRTHPLACE (STATE OR	76. CITIZEN OF WH		8. MARRII WIDOW	ED X NEVE	R MARRIED DIVORCED	9. BALTIMORE CIT	_		MD
1	Towso	n	240 E	PITAL, NURSING HO BUITY, GIVE STREET ADDRE JOPPA R	d., Apt			USUAL OCCUPATION FOR MOST OF WORKING LIFE)	TYPE OF WORK	26. KIND OF BU OR INDUST	ISINESS RY
13s. S	AL RESIDENCE STATE aryland	136. COUN	OR OTHER INSTITUTION, GIV ITY IMORE	13c, CITY OR TOW TOWSO	/N	13d. INSIDE CITY YES 🗌	LIMITS? 13e	STREET ADDRESS TO	owson, N	Md. 212 ot.#515	04
1	Ther's NAM	C1	arence	LAST Mays		Mary	S MAIDEN N	Ellen		LAST	
160	WAS DECEASI YES, NO, OR UNKN	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17. INFORMA	4/2	-2203 ADDR			
	No			212-05-	5551	Ellen	Lynch	901 Walters	Lane	21152	
CERTIFICATION	PART 2 OTHER		(c)CONTRIBUTING TO DEATH B	AS A CONSEQUEN WITHOUT RELATED TO THE	TERMINAL DISEASE			0		20 AUTOPSY (head YES	only)
MEDICAL CERTII	UNDERLYIN CONTRIBUT	OCCUPRED	DEATH P.M.	INJURY MONTH DAY Y 19 FINJURY (ATHOM ORY, FARM, ETC.)	YEAR	OW INJURY O	CCURRED (8	NTER NATURE OF MJURY IN ITEA	18 PART I OR PART	2)	NOT
2	226 I cer death results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	NAME Der	ge of the remains of ral causes of the remains of the remains of the ral causes of t	yth, M.D.	Suicide	Hamicid TITLE (SPE D. ASSIS	stant	. Inquiry	and in my apir , DATE SIGNED	6-22	:-84
F	Removal	ATION, REMOVAL	23b. DATE 6/22/84	23c. NAME OF	CEMETERY O			LOCATION CITY OR TOWN	COUNT		TATE
	Ana tomy		Balt	o., Md.		JUN	2.9 to	D. BY REGISTRAR 256 R		NATURE	



BP_____ DHMH - 16 50M 4/83 (VRA 15, 4)

_ FOR				DFPARI	MENT OF H	FAITH AND I	MENIAI HYG	HENE I			-	
- STATE REGIST						ICATE OF D		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. NO	,	3	0 0 2
DECE ASED		FIRST		MIDDLE	L	AST		2a. DATE (OAY YEAR	2b. HOUR
TYPE OR PRINT)	A	lbert	J	erome	Ma	ack			June	20,	1984	3:00A
SEX		4	RACE		5. DATE C		YEAR	6 AGE (III	YEARS LAST BIRTH	HDAY)	MONTHS DAY	
Mal			White		May	30,	1913		71	YRS.		MIN.
O. BIRTHPLAC	CE (STATE ORFO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER A	MARRIED -		ORE CITY OR			
	land			S. A.	WIDOWE		VORCED [Baltim			MI
Owing	SS Mill	s	401 Ha	HOSPITAL, NURSI HEACILITY, GIVE STREE MMERSHILT	e Rd.	OR OTHER INST	TITUTION	(TYPE OF WO	OCCUPATION OF THE PROPERTY OF	ON WORKING LI	IZE KIND INDUSTR Manu	of Business or
JSUAL RESIDI 30. STATE Maryl		13b. CQUN1		Owings	Mills	13d. INSIDE C	ITY LIMITS?	1345TREET	ADDRESS / Hammer	ZIP CODE	Rd.	21117
Lou			IDDIE A•	Mack			MAIDEN NA	ME	MIDDLE		Bol	.ek
WAS DEC	CEASED EVER I		NED FORCES? WAR OR DATES)	214-03-		17 INFORMA Barbar		cker	40MPR		shire	
18 CAL	ISE OF DEATH	(Enter only	one couse ner	line for (o), (b), a	ind (c))						APPRO	XIMATE INTERVAL N ONSET AND DEATH
gove	tions, if any, rise to imm (a), stating	which ediote g the	(b)_	R AS A CONSEQUER AS A CONSEQUER	UENCE OF	orang 1	orting d	15:05				
PART 2.	tions, if ony, rise to imm (o), stating lying couse	which ediote g the lost.	DUE TO, O (b) DUE TO, OI (c) DINDITIONS CO	R AS A CONSECU	UENCE OF UENCE OF	NOT RELATED		NAL DISEA	OPSY?	20h. IF YES	S, WERE FINE	INGS USED
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PART 2. 19a DAT 21a. ACC ORCONI (IF EITH 21d. INJ) WHILE	tions, if ony, rise to imm (o1, stating (b)) imm couse OTHER SIGN TE OF OPERAT. CIDENT WAS UNDITED THER NOTIFY MEDIC JURY OCCURR.	which edicate of the lost. IFICANT CO ION ERLYING ALEXAMINER) ED LE	DUE TO, O (b) DUE TO, OI (c) DIDITIONS CO 196 CONDI 196 CONDI 216 TIME O HOUR A. P. 21e PLACE	R AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED	RMED	ZOG AU	OPSY?	20h. IF YES IN CERTH YE YN ISEM 18 J	S, WERE FINE FYING CAUSI	INGS USED S OF DEATH?
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PART 2. 19a DAT 21a. ACC OR CONI (IF EITH 21d. IN JI WHILE AI WORK 22a. I ce	tions, if ony, rise to imm (a), stating (b), stating (b), stating (c). OTHER SIGN TE OF OPERAT CIDENT WAS UNDISTRIBUTING C.	which ediate g the lost. IFICANT CO ION IFICANT CO ION AUSE OF DEAT AL EXAMINER) ED LE Ihis hospite d diverse a six (did no)	DUE TO, O (c) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO,	R AS A CONSEQUENCE ON TRIBUTING TO SET INJURY M. MONTH E. M. OF INJURY OF IN	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN 21l. LOCATIC STREET	RMED JURY OCCURI	200 AU YES RED (ENTER:	OPSY? NO DIATURE OF INJURY CITY OR TOW	20h. IF YE'IN CERTH YE IN CERTH YE WHIEM 18 F	S, WERE FIND FYING CAUSI S PART I OR PART 2 COUNTY 19 or ond from th	INGS USED SOF DEATH? NO STATE
PART 2. 19a DAT 21a. ACC OR CONI (IF EITH 21d. IN JI WHILE AI WORK 22a. I ce	tions, if ony, rise to imm (o1, stating lying cause OTHER SIGN TE OF OPERAT CIDENT WAS UNDITRIBUTING CIDENT WAS UNDITRIBUTING CIDENT WAS UNDITRIBUTED COLUMN TO COLU	which ediate g the lost. IFICANT CO ION IFICANT CO ION AUSE OF DEAT AL EXAMINER) ED LE Ihis hospite d diverse a six (did no)	DUE TO, O (c) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO, OI (e) DUE TO, OI (d) DUE TO,	R AS A CONSEQUENCE OF INJURY M. MONTH E M. MONTH E M. GET, FACTORY, OFFICE, e deceased from ofter death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	NOT RELATED N WAS PERFO 21c. HOW IN 21l. LOCATIC STREET	RMED JURY OCCURI ON 19 (our) opinion ATTENDING PHYSICIAN S S 20 21 C C C C C C C C C C C C C	200 AU YES RED (ENTER:	NO DINJURY NO DINJURY CITY OF INJURY CITY OF IOW REd on the dot R PHYSICI	20h. IF YE'IN CERTH YE IN CERTH YE WHIEM 18 F	S, WERE FIND FYING CAUSI S PART I OR PART 2 COUNTY 19 or ond from th	STATE , that (I) (we) lose couses stated

June 20, 1986 2:10	770	atome He	etán	
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ones the relief market ter				
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33 8 years				
73-184 6-1-87				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 26. HOUR lac KOWIAK 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 13 MORIRS MIN 12 AUC. 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWEDE DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Multimedical USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 6714 NO F 15 MOTHER'S MAIDEN NAME MIDDLE MAKOVSKY ANNA ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 6714 HOLABIRD DR. STEPHEN MACKOWIAK -BALT. M) - 21222 218-76-3300 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c). DUE TO, OR AS A CONSEQUENCE OF ASCUD 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO · YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M 19 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

211. LOCATION

CITY OR TOWN

COUNTY

220.1 certify that (1) (this haspital) attended he deceased from saw the deceased alive an. above, (1) (related) (did not) view the body after death

MENDING AYSICIAN

IMEDICAL. STAFF DIRECTOR PHYSICIAN

🛨 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

Th. DATE SIGNED

Koe tter Hans

22e. ADDRESS 7600

OSLER

23a	BURIAL,	CREMAT	ION,	REMOVA
	(SPECIFY)			
	-	11 10 1	17 /	

21d INJURY OCCURRED

WHILE NOT WHILE

23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

CERTIFICAT

MEDICAL

ad

use as the burial-transit g ealth and Mental Hygier

the detached to State Dept.

4 p

BP

(VRA 15, 4)

S

Item 18 :

orkedio

1 - STATE

(TYPE OR PRINT)

3. SEX

13a STATE

14 FATHER'S NAME

REGISTRAR DECEASED NAME

temale

7a. 8IRTHPLACE 4 = REIGN

10 CITY OR TOWN OF DEATH

ADOLPH

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED 8Y.

Canditians, if any, which gove rise to immediate cause (a), stating the

underlying cause last

10WSON

ORACE

136 COUNTY

Baltimore

MIDDLE

IMMEDIATE CAUSE (a

THERESIDEN

Consider the Contract of the C Color A service 5/22 14 15/21 83 6/2/2 87 Dy House Keersely Tools (* 2001) THE REST OF STREET

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	٥.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) NAOMI	MIDDLE RUTH		enhofer	20 DATE OF DEATH	MONTH DA	S 4	2 40
	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		FUNDER YEAR	IF UNDER 14 HRS
	Female	White	MONTH 8	8 VEAR 02	79	YRS.	ONTHS DAYS	HOURS MIN.
-	To. BIRTHPLACE (STATE OR FOREIGN	7h. CITIZEN OF WHAT COUNTRY	0 10		9. BALTIMORE CITY O		OF DEATH	
)	Marvland	U.S.A.		D NEVER MARRIED A	Baltimo	ore Cor	untv	MD
1	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSI	WIDOWE ING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	ON	12b. KIND O	OF BUSINESS OR
-	Randallstown	Baltimore Count		eral Hosp.	Homemaker			
)	USUAL RESIDENCE (IF NURSING HOME OF 13th STATE 13th COUR Bal		WN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 5539 Orego	on Ave	nue 2	1227
1	14. FATHER'S NAME FIRST George	Magenho Magenho	ofer	15 MOTHER'S MAIDEN NAME Edna	ME MIDDLE		Ha	uck
	160. WAS DECEASED EVER IN U.S. AR		URITY NO.	17. INFORMANT	ADDRE			
	(YES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES) Unavail	lable	Irma Magenho	ofer 5539 (Oregon	Ave.	21227
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	UENCE OF	e cardio	hyppal Lular d	Ly DITION GIVE	ent N IN PART II	
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO			NGS USED S OF DEATH?
-	CALLER OF OR		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PAR	RT 1 OR PART 2}	
	OR CONTRIBUTING	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	21f. LOCATION STREET	CITY OR TO	IWN C	COUNTY	STATE
	sow the deceased alive or	nitol) grended the deseosed from		nd that in (my) (our) opinion	death occurred on the de	ote and hour	ond from the	that (I) (we) lost couses stated
1	326 SIGNATURE Soon ele	ul Hory	2	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		22c. DATE	SIGNED
	SOON CH	ULL HER	14	Baltiquera	County	Pane	eaf t	405h 4

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If hem 21 is morked or item 18 shows ony injury, or other troumotic

24. FUNERAL DIRECTOR

23e. BURIAL, CREMATION, REMOVAL

Burial

FOR

potified of once

7/2/84 4107 Wilkens Ave. Hubbard Funeral Home, Inc.

23b. DATE

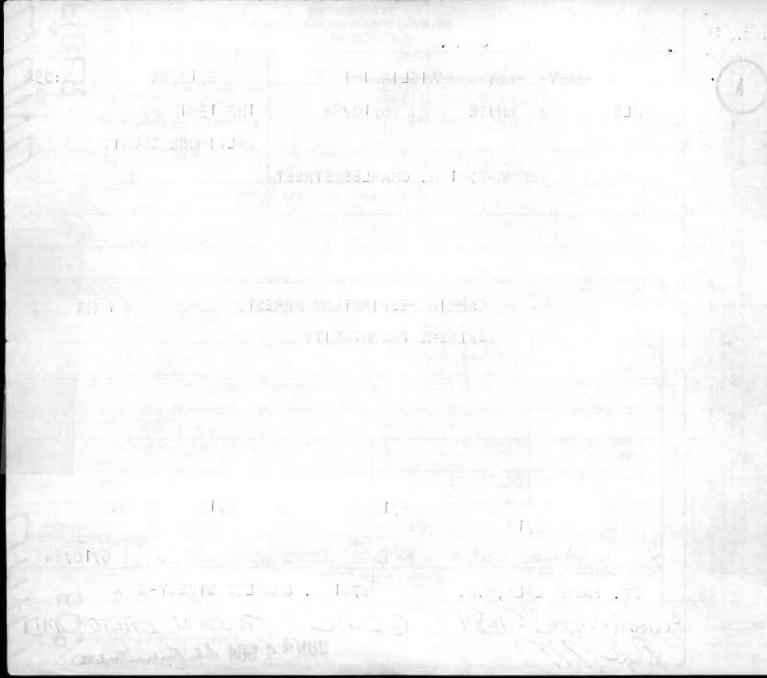
Md. Baltimore Lorraine Park CemeteryWoodlawn JUN 2 9 1984 JUN 2 1984

TO REPORT A

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Control of the Contro			
			AND STREET
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DIVISION OF VITAL RECORDS, 2	
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3	1 -	Add. Info. per STATE REGISTRAR	B.C. 1/11/85 k	MENT OF H CERTIF	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	1 5	3 6
, i		BABY	chary MA		iarini Serre	20 DATE OF DEATH 6. AGE (IN YEARS LAST BIR)	/84	2b. HOUR 6:05
		MALE	WHITE	MONTH		1HR 15MI	N YRS.	DAYS HOURS MIN
16 33		OUNTRY) Maryland	USA	WIDOWE		BALT IMOR	RE COUNTY	
in poi		TY OR TOWN OF DEATH 1	1. NAME OF HOSPITAL, NURSI (IF NOTIN SUCH FACILITY, GIVE STREE BMC - 67.01 N.			12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 12b KI F WORKING LIFE) INDUS	ND OF BUSINESS C
BI	la S	Md, Ba THER'S NAME FIRST M	THER INSTITUTION, GIVE RESIDENCE BEFOR Y 13c CITY OR TOV Ltimore Balt DDLE LAST	re admission) WN		13e.STREET ADDRESS / 8 Jordan M: AE MIDDLE		21-164 - LAST
Pages		AS DECEASED EVER IN U.S. ARM	ymond Miglia ED FORCES? 166 SOCIAL SEC WAR OR DATES)		Cheryl 17. INFORMANT	Ann ///· ADDRE	Selber ss	rt
signed by the attending physici hen please remage carbon popel to buriol, cremation, ar remaoul jury, ar ather traumatic event, th	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU (b) EXTREME DUE TO, OR AS A CONSEOU (c)	JENCE OF PREM	LRATORY ARRE		DITION GIVEN IN PA	HR RT Ito
iene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [
	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM LE PART TORPAI	RT 2)
the runs by the but h and M arked ar	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE	FARM, ETC	211 LOCATION STREET	CITY OR TO	wn con	TY STATE
for use of Health		22a.1 certify that (1) (this hospital sow the deceased alive and above, (1) (we) (did) (did not		6/10) , 19 84 ad that in (my) (our) opinion d	, to6/10 leath occurred on the do	19 84 ote and hour and from	that (1) (we) la m the causes stated
State Dept State Dept ANT: If Herr		× SIGNATURE	a lala	MD		MEDICAL STAR DIRECTOR PHYSIC	F _ 6	6/10/84
MPORT			ALA,M.D.		22e ADDRESS 6701 N. CHA		ET-GBMC	
	Re	URIAL, CREMATION, REMOVAL SPECIFY)	6-11-84 23c.	NAME OF C	MC CREMATORY	TOWSO A	1 BAC	TO M
6 50M 4/83	z4 FU	DUCHM	ADDRESS		JUNA	REC'D. BY REGISTRAR	Suidan Ran	de Ma



5	TA	TE OF	M	ARYL	AND		
TMENT	OF	HEAL	TH	AND	MENT	AL	HYG

IENE DEPAR **CERTIFICATE OF DEATH**

CATE OF DEATH	REG. NO.		
si .	20. DATE OF DEATH M		26 HOUR
OWSKI	June 5,	1984	1:35Pm
BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	
6, 1908 YEAR	75	YRS.	YS HOURS MIN.
□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY OF DEATH	
DIVORCED 🔯	Baltimore		MD.
OTHER INSTITUTION	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N 12b. KINI WORKING LIFET INDUST	O OF BUSINESS OR
pital	Baker	Ba	kery
YES NO 🔀	13e STREET ADDRESS / 14200 Gree	zip code ncroft Lai	ne,#21030
Joanna Joanna	Julia Julia	Po	remski
17. INFORMANT		SHunt Val.	
Roberta A. I		14200 Gr	eencroft R
	LINFAI	RC770C	POXIMATE INTERVAL EN ONSET AND DEATH
CCE ROT	TC CAN	ROIU-	
NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	110
I WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [IDINGS USED SES OF DEATH? NO [
216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IS PART I ORPART	2)
21f LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
d that in (my) (our) apinion	todeath occurred on the dat	te and hour and Irom	
ATTENDING PHYSICIAN	MEDICAL STAF		ATE SIGNED
5317 Belai	ir Road, Bal	timore, MD	
emetery or Crematory vn Cemetery	200000	altimore (
25a. DA1	REC'D. BY REGISTRAR 2	SUREGISTEAR'S SIGN	NAMIRE N-Randell

FOR ~ STATE REGISTRAR DECEASED NAME FIRST TYPE OR PRINT

BIRTHPLACE ISTATE OR FOREIGN

Maryland

Rossville

Maryland

(YES, NO OR UNKNOWN)

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

SIGNATURE

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHITE

law the deceased of

glebve, (f) (we) (did) (g

A FATHER'S NAME

John

No

CERTIFICATION

MEDICAL

ID CITY OR TOWN OF DEATH

Male

COUNTRY)

MIDDLE Edward Raymond 4. RACE 3. SEX

MAKOWSKI 5. DATE OF BIRTH

Sept. 6,

MARRIED | NEVER MAR WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU

Franklin Square Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

WAS DECEASED EVER IN U.S. ARMED FORCES?

Baltimore

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o

13c. CITY OR TOWN Hunt Valley

13d INSIDE CITY YES [15 MOTHER'S M

212-30-2915

16b. SOCIAL SECURITY NO

White

7b. CITIZEN OF WHAT COUNTRY?

USA

21h TIME OF INJURY

P.M.

21e. PLACE OF INJURY

Makowski

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

196 CONDITION FOR WHICH OPERATION WAS PERFORM

21c HOW INJU

HOUR A.M. MONTH DAY YEAR

AT HOME-STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

and that in (my) (or

DEGREE

THE PHYSICIAN'S NAME INVESTMENTS

Luis Rivera, MD

77x 1 certify that It (this hospital attended the deceased from

6/7/84

23c. NAME OF CEMETERY OR CRE Oak Lawn Cem

DHMH - 16 50M 4/83 (VRA 15, 4)

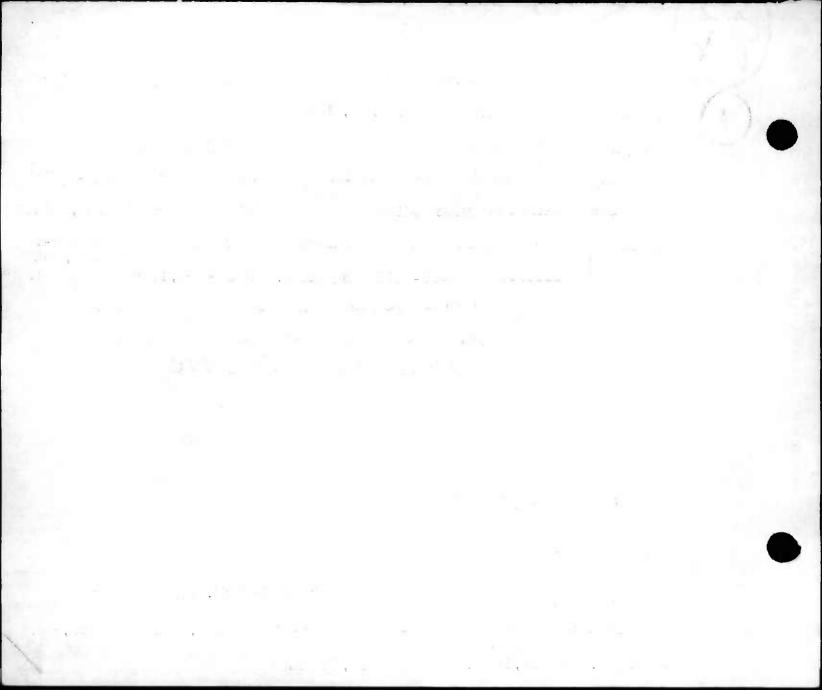
BP.

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

Burial

Martin D. Lawson, 10 W. Padonia Road, Timonium



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYGI DEATH	IENE 8 4	NO.	15	5 6	1
		I. DECEASED NAME FIRST (TYPE OR PRINT)			MIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE			an I	Ralph	M	ALICK		June 1	15, 198	34	2:55F) M
٦	3. SE	×	1	. RACE		5. DATE O			6. AGE (IN YEARS LAST		IF UNDER TYEAR		
	Mr	ale		White		MONTH	7	14	70	YRS.	MONTHS DAYS	HOURS	MIN.
d	_	RTHPLACE (STATE	OR FOREIGN 7		WHAT COUNT	RY? 8			9. BALTIMORE CITY		Y OF DEATH		
5	44	ennsylva	mia	US	Δ	WIDOWE		MARRIED .	Baltimo	re Cou	intv		MD.
		ITY OR TOWN OF				RSING HOME O			12a USUAL OCCUP	ATION	126. KIND	OF BUSINESS	
1	Re	ossville			lin So	quare H	Hospi	tal I	(TYPE OF WORK FOR MOS				in
19		AL RESIDENCE LIFN	URSING HOME OR C		GIVE RESIDENCE BE		1124 INICIDE	CITY LIMITS?	12. STREET ADDRES	S / 7IP COF	Æ	Mari	ett
2		arvland		imore	ISL. CITT OK I	OWN	YES T	NO X	13e STREET ADDRES	uth R	iver I	r. 21	1220
2	_	ATHER'S NAME						S MAIDEN NAM					
20		Joseph		NIDDLE	Malic	ck	3	Elizabe	eth Kers	tette	r	AST	
1		VAS DECEASED EV	ER IN U.S. ARA		16h SOCIALS		17 INFORM	ANT	ADI	DRESS		21220	5
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	205-0	7-440	Eve	lvn J.	Malick	6817	South	River	c Dr
	-	18. CAUSE OF DE	AT11.5									XIMATE INTERVA	
		Conditions, if o gave rise to couse (a), ste underlying co	immediate oting the	DUE TO, O	r as a conse r as a conse	OUENCE OF		ılar Acc					
		PART 2. OTHER 5	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	Ia	
	S S	Hypert	ension,	Emphys	sema		14.6						
2	CERTIFICATION	19a DATE OF OPE	RATION	19b. COND	ITION FOR WH	on for which operation was performed			200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES]		,
1		OR CO. WOLDING CALLER		"	M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)		Y
	MEDICAL	21d. INJURY OCC	URRED	21e. PLACE			211 LOCATI		CITY O	RIOWN	COUNTY	STAT	TE.
	2	WHILE NOT	WHILE	(AT HOME, SI	REET, FACTORY, OFF	ICE, PARM ETC.)	Jine						
		22a. I certify that		al) attended th	e deceased fro	June	12	. 19.84	toJune	15.	. 19.84	, that Ni (we) lost
		sow the deceased alive an								our and from th	e couses state	d	
		22b. SIGNATURE	Phio	View the body	atter death.		DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗗	ne. DAT	E SIGNED - 15-8	4
		L. Alb	iol, M.				22e. ADDRE 9000		in Square	Dr., 2	21237		
		BURIAL, CREMATIO		236. DATE 6-18-		31. NAME OF C			23d LOCATION Balt	imore	, °Mar	yland"	IE
	24. F	UNERAL DIRECTOR						25a DATE	E REC'D. BX REGISTR	#R 256. REGIS	STRAR'S STRAN	TelRan-	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

7401 Funeral Home Belair Lassahn

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FOR STATE

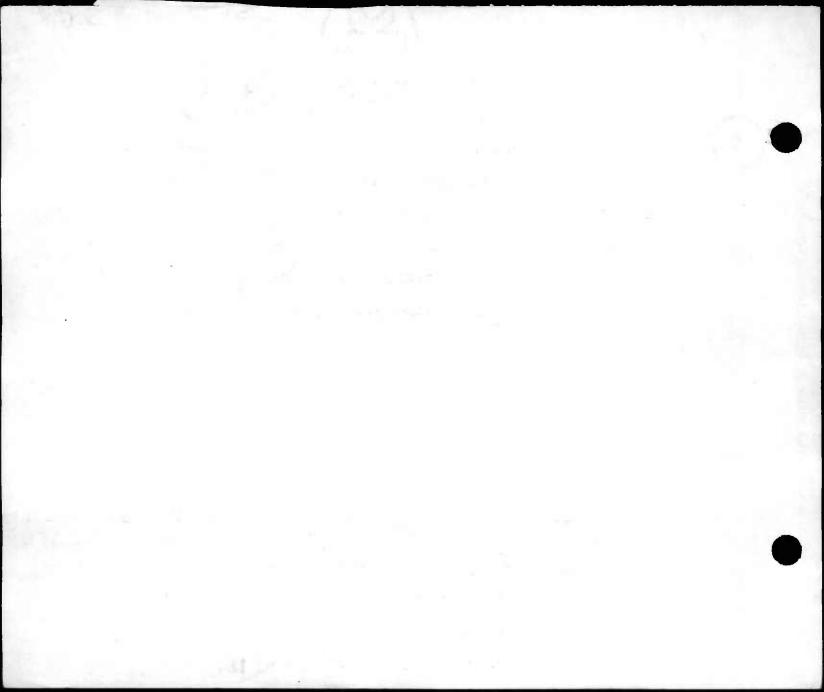
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
	EASED NAME	FIRST		MIDDLE	l.	LAST	2a DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
(1112)		Frank		G	Marki	ewicz	June	9, 1984		N
3. SEX	/ Male		4. RACE White		5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
Fig. C	RIHPLACE (STATE COUNTRY) Maryland	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED) D = 7	timore C	NTY OF DEATH	ME
10. CIT	Y OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Ley Conva	ADDRESS)	or other institution nt Home	(TYPE OF WORK	POCCUPATION FOR MOST OF WORKIN WORKIN		OF BUSINESS OR
13a. S	L RESIDENCE (IF NI TATE aryland	JRSING HOMEO	OF HER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Baltimo	/N	13d. Inside city limits? Yes 🟋 no 🗌		N. Robin		21224
14 FA	THER'S NAME FIRST John	1022	MIDDLE Ma	rkiewicz		IS MOTHER'S MAIDEN N. Josephir		S WIDDLE	?	
	(AS DECEASED EVI ES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)	213-07-		17. INFORMANT Mrs Gerald	dine Mis	otti	7 Hodges	Rđ
NO.	PART 2 OTHER SI					NOT RELATED TO THE TER	MINAL DISEASE	PSY? 20b. IF	GIVEN IN PART 1: YES, WERE FINDIE RTIFYING CAUSES	NGS USED
MEDICAL CERTIF	21a. ACCIDENT WAS E OR CONTRIBUTING [(IF ETTHER, NOTIFY M 21d. INJURY OCCU	CAUSE OF DE EDICAL EXAMINE JRRED	ATH HOUR A. R) P. 21e PLACE	m, month d. m,	19	21c. HOW INJURY OCCUP 21f. LOCATION STREET	YESRRED (ENTER NAT	URE OF INJURY IN ITEM	YES [] IB PART I OR PART 2] COUNTY	NO
	220 I certify that	(I) (thu heep		19	•	nd that in (my) (are) apinion DEGREE ATTENDING	# MEDICAL	STAFF		
	22d PHYSICIAN'S Mar.		Kowalews	ski M. D.		22e ADDRESS 8604 Harfo	ord Rd	Baltimo	ore, Md	/ /
(5	URIAL, CREMATION Burial	n, removai	23b. DATE 6/12/			EMETERY OR CREMATORY y Rosary	CITY	NWOTRC	county Maruland	STATE
24 FU	NERAL DIRECTOR Leonar	đ J Ru	ck Inc.	Baltimor	e, Ma				PISTRAŘ'S SIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detached for u with the State Dept; of He MAPORTANT; if them 21 is



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DC/	- 1	111	7
KEL	3.	14	J.

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н	REGISTRAR	CERTII	TORIL OF DEATH	REG. NO.	
Ī	DECEASED NAME FIRST		REMAN	20. DATE OF DEATH MONTH DAY	84 26 HOUR
1	ELAINE	~		LACE MANAGEMENT DOTAIN	INDER 1 YEAR IF UNDER 24 HRS
ľ	3 SEX	5. DATE (THS DAYS HOURS MIN.
4		HITE 4	06 26	9. BALTIMORE CITY OR COUNTY OF	DEATH
F	COUNTRY)	WHAT COUNTRY? 8. MARRIE			
4	MARYLAND US	HOSPITAL NURSING HOME		BALTIMORE COUNT	126 KIND OF BUSINESS OR
1	(IF NOT IN SI	CH FACILITY, GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
4	RANDALLSTOWN BALT	IMORE COUNTY C	GEN. HOSP.	SECRETARY	EDUCATION
-4	MARYLAND MONTGOMER'	13c CITY OR TOWN		136 STREET ADDRESS / ZIP CODE 5225 POOKS HILL RI	APT. 1411N 2. #20814
	FATHER'S NAME	DETTILODA	15. MOTHER'S MAIDEN NAM		11 20014
¥	FIRST MIDDLE HARRY	LAFAYETTE	IDA	WIDDIE	SIEGEL
Ī	. WAS DECEASED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT DAVI	D MARKMANDRESSAPT. 1	1411N
1	(15 YES, GIVE WAR OR DATES)	220-14-8883	5225 POOKS H	ILL RD. BETHESDA,	
ľ	18 CAUSE OF DEATH (Enter only one cause po	er line for (o), (b), and (c).)		2 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	LIVER F	FILURE - 1	KESPIRATORY TAIL	RF
1	DUE TO	OR AS A CONSEQUENCE OF			
	Conditions, if ony, which ((b)	ALCOHOLI	ism.		
1	gave rise to immediate	OR AS A CONSEQUENCE OF	The state of the s		
1	underlying cause last.	51. 70 7 COTTOE @ 05. TCE OT			
1	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(0
	No		4000 - 500		
1	YOUR STANDARD STANDAR	DITION FOR WHICH OPERATIO	ON WAS PERFORMED		/ERE FINDINGS USED NG CAUSES OF DEATH?
7	210. ACCIDENT WAS UNDERLYING 21b. TIME	OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
1	OR CONTRIBUTING CAUSE OF DEATH HOUR	P.M. 19			
1		OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHILE AT WORK	TREET, FACTORY, OFFICE, FARM, ETC.)	JACE.		
1	220.1 certify that (I) (this hospital) attended	he deceased from	- 30 19 83	E, to 6-27, 19.	& , that (I) (we) last
	sow the deceased alive on obove, (1) (we) (did) (did not) view the boo	27 19 84. a	nd that in (my) (our) opinion o	death occurred on the date and hour ar	nd from the causes stated
1	27b. SIGNATURE		DEGREE		22c. DATE SIGNED
J.	Lyen,	antiff	MA ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/27/84
7	774. PHYSICIAN'S NAME (TYPE OF PRINT)		22e ADDRESS		
1	R. DEPES	FRE	AMETIMORE	E COUNTY GENE	TRAL.
	236 BURIAL, CREMATION, REMOVAL JUNE JUNE		RIDGE	PIKESVILLE BA	ALTO. MD ATE
1	24 FUNERAL DIRECTOR SOL LEVINSON	& BROS., INC.	25a. DATE	E REC'D. BY REGISTRAR 356, REGISTRA	R'S SIGNATURE
	6010 REISTERSTOWN RD.	BALTO . MD	21215	2 1084 Julia David	isen-Hanaciae

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and controlled for use as the build the please remove corbanoport. From the first beginning to the place of Health and Montal I to build, cremation, or removal MPORTAIT; If them 21 is marked as I tem 18 states on injury, or other traumatic event, the modical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillent in by the firshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

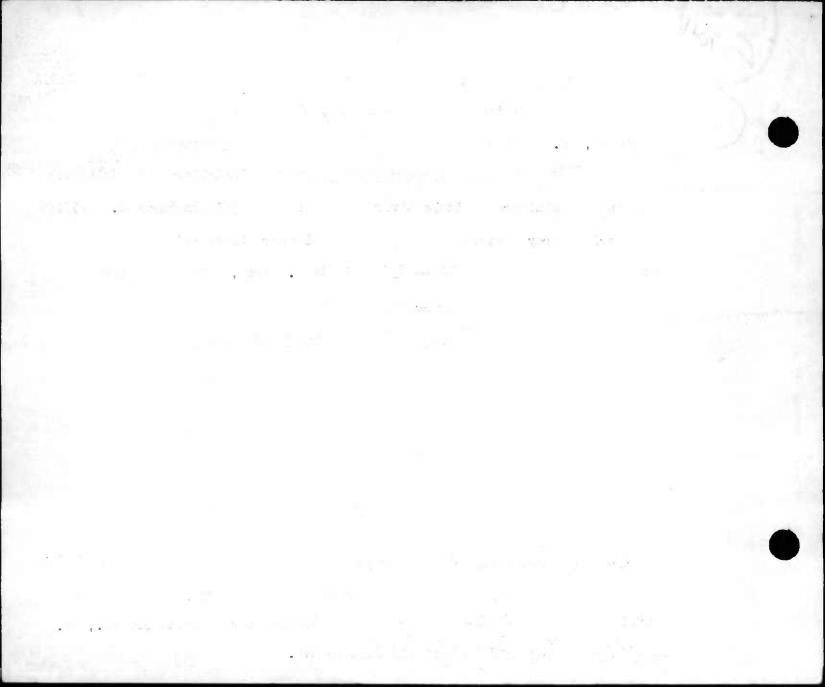
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR						REG. N	O.			
	CEASED NAME	FIRST		WIDDLE	Į.	AST	20 DATE OF DEATH	MONTH	DAY Y	re ar	26 HOUR
VI TE	C GA PRINT)	STEP	HEN	E.	М	ARSH		06 2	27	84	5:55A
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
1	Male		White		Jur	ne 22° 1943°	41	YRS	MONTHS	DAYS	HOURS MIN.
	IRTHPLACE (STATE O			WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEA	TH	
]	Baltimore,	Md.	USA		WIDOWE		BALTIMO	RE COL			М
). C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	17a USUAL OCCUPAT	ION OF WORKING	12A I	STRY	F BUSINESS O
	TOWSON		GREAT	ER BALTIM	ORE M	EDICAL CENTER	Installe	r	T€	ler	hone
USU 13a.	ALRESIDENCE (IFNI STATE Maryland	IRSING HOME OR	other institution ITY imore	I3. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CQC	Œ		
		Balt	imore	Middle I	liver		360 Sha	gbark	Rd.	2	21220
L E.	ATHER'S NAME		MIDDLE 3.5	LAST		15. MOTHER'S MAIDEN NAM				LAST	
	Earl	Lerc	1 1111			Eleanor					
	WAS DECEASED EVI WES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDR	ESS	C		
	les		***************************************	212 44	6362	Billie F. Ma	rsh, Wife		Same		
	18 CAUSE OF DEA	ATH (Enter on	ly one couse per	r line for (a), (b), and					BE	PPROXI	MÀTE INTERVAL INSET AND DEATH
	PARTI. DEATH		E CAUSE (o)	RESPIRA	TORY	ARREST					
			DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if a		(b)	METASTATI	C SOU	AMOUS CARCINO	MA TONGUE				
	gove rise to i		DUETO	R AS A CONSEQUE	NCEOF						
	underlying cou		(c)	R AS A CONSCOOL	.1402.01						
	PART 2 OTHER SI	GNIFICANT		ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PA	ART Iro	,
o N											
CERTIFICATION	190 DATE OF OPER	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE I		GS USED OF DEATH?
TIF							YES NO		ES 🗌	.0020	NO 🗌
Ü	71g. ACCIDENT WAS L	_	110110 4	DE INJURY .M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PARI I OR P	ART 2)	
CAL	OR CONTRIBUTING		1111	.м.	19						
MEDICAL	21d INJURY OCCL	IRRED		OF INJURY REET FACTORY, OFFICE F	ADAL ETC.)	211 LOCATION	CITY OR TO	OWN	COU	NIY	STATE
2	AT WORK NOT	WHILE	TAT NOME 31	REEL PACIONS, OFFICE P	MAN EIC I						
	22a I certify that	(I) (this hospi	tol) ottended th	ne deceased from		5/25 19 84	6/27		19_8	41	that (I) (we) fo
	sow the dece		6/		84or	d that in (my) (our) opinion o	leath occurred on the o	lote and ha	our and fra	m the c	ouses stated
	226 SIGNATURE			1		DEGREE			224.	DATE :	SIGNED
	dea	no (+	appa	2	M.	ATTENDING PHYSICIAN	MEDICAL STA			6/:	27/84
	22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			??e ADDRESS					
	DIAN	E PAPP	AS, M.D			GBMC - 6701	N. CHARLES	STRE	EET 2	120	4
	BURIAL CREMATION		Ten mare	123, N	AME OF C	EMETERY OF CREMATORY	23d LOCATION				
1	burial		6/30/	B4 Ga	rdens	of Faith Cem	etery Ba	ltimo	re Co		Md. STATE
24. F	UNERAL	~ 7	2	well a	uch	250 DATE	REC'D. BY REGISTRAL			_	
31"	uzdzinski	Funera	1 Home	PM 1407 (nd Es	stern Ave.	UL 2 198	Jul.	ie Seu	idno	Mark a
			-				50	0	1000	a Process	- Manhage

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.



ond completely filled in by the funeral oges 1 and 2 should be filed within 72

corbonpopers. Poges 1

njury, ar other traumatic event, th

signed by the ottending physicion

executed within 24

FOR STATE REGISTRAR			DEPARTMENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	REG. N	15	3 /	
I. DECEASED NAME	FIRST	MIDDLE	L	AST		20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	BABY 1	BOY	MAR	TTN			6 7	84	8:55P M
3. SEX		RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YFAR	IF UNDER 24 HRS
Male		Cauc.	MONTH 6	7 DAY	84		YRS.	DAYS	HOURS MIN.
Ja. BIRTHPLACE (ST	ATE OR FOREIGN 76	. CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MA	DDIED IX	BALTIMORE CITY	R COUNTY OF	DEATH	
COUNTRY)	(ID		WIDOWE		RCED	Baltim	ore Cou	nty	MD.
10. CITY OR TOWN O	OF DEATH	NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Greater Bal	L, NURSING HOME O	OR OTHER INSTIT		12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O		NDUSTRY	BUSINESSOR
USUAL RESIDENCE	(IF NU SHIP OR O DUNT	THER INSTITUTION, GIVE RESID Y 13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN		10 1	13e. STREET ADDRESS	esulle	Rs 2	21157
14. FATHER'S NAME .N/A	MI	DDIE	LAST	15. MOTHER'S A	HIR/S	MIDDLE	J	m 4	erla
18. CAUSE OF PART I. DE	DEATH (Enter only ATH WAS CAUSED IMMEDIATE		o),(b), ond(c).) vere immat	urity				APPROXIN BETWEEN O	NATE INTERVAL NSET AND DEATH
76.	STO	DUE TO, OR AS A C	ONSEQUENCE OF						
gove rise to couse (a),	o immediate stating the couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF						
	R SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED T	O THE TERMI	VAL DISEASE OR CON	DITION GIVEN	V PART 10	1
SIG. ACCIDENT V	OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFOR	MED	20a. AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
00.00	WAS UNDERLYING A	216. TIME OF INJUR HOUR A.M. MC	Y ONTH DAY YEAR	21c. HOW INJU	DRY OCCURRI	O (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
21d. INJURY O		21e. PLACE OF INJU	DRY, OFFICE, FARM, ETC.)	21f. LOCATION	0.	CITY OR TO	own .	COUNTY	STATE
		il) ottended the deceo	6/	1	10 84	. 6	11	04	hot (1) (we) lost

IMPORTANT: If Hem 21 is morked or Item 18 shows ony sow the deceosed alive on 6/7 above, (I) (we) (did) (did not) view the body after death. 226. SIGNATURE

23a. BUMAL, CREMATION, REMOVAL (SPECIFY)
Cremation 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY **GBMC**

22e. ADDRESS

6701 N.

DEGREE

ATTENDING PHYSICIAN

23d. LOCATION
CITY OR TOWN
TOWSON

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

21204 Charles St. Towson, MD Balto

22c. DATE SIGNED

6-11-84

MD

DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The

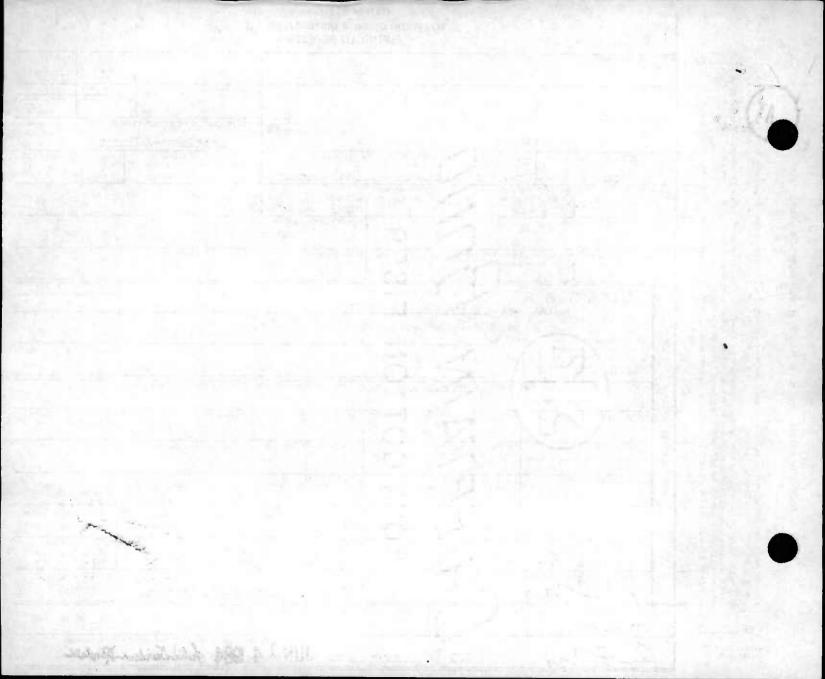
etoined by the hospital or

BP

TO HOSPITAL

6701 N. Charles St.

JUN 4 1984 Julia Saidson Andeles



• • The state of the s LESSAN ARE ORAUL SALE STATE STATE HAY MAKEL JO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after detailed by the haspital or attending physician.

death. Page 4 may be

	CEASED NAME KATHAR	INE MA	RION MAI	RTIN	2a. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	NIK.	11	PARTIN	5	6 84	10:15 %
3 SEX	× Female	4 RACE White		TE OF BIRTH LY 18, DAY 1900 YEAR	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	HOURS MIN.
2. 01	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA		Ly 10, 1900	9 BALTIMORE CITY OR	·YRS	
3 0	ennsylvania	U.S.A	MA	RRIED NEVERMARRIED DEVORCED	TBALTI	2 -	Co.Mo
7	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACE	OSEP!	4 1+05P.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker	WORKING LIFE) INDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUR COURS)	NTY 13c C	esidence before admiss CITY OR TOWN ottsville	13d INSIDE CITY LIMITS? YES X NO (ZIP CODE egian Stree	t 17901
14. FA	THER'S NAME FIRST	MIDDLE HO	ffmann	15. MOTHER'S MAIDEN N	AME	Schlenk	ST
	Henry		f-fmar-	Katharin		-Schleni	k
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. 1	SOCIAL SECURITY N		ADDRESS		
	No	1	78-01-257	2 Schlitzer F	uneral Home I		Pa.1790
	PART I. DEATH WAS CAUSE 4340 Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	action (b), and (c). Leve A CONSEQUENCE C	Fand 5	Par The	von leas	<i>v</i> 5
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DBY: TE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) (c) CONDITIONS CONTR	A CONSEQUENCE C	Fand 5	MINAL DISEASE OR CONDIT	ITION GIVEN IN PART IN	O'NGS USED
TIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DBY: TE CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c) (c) CONDITIONS CONTR	A CONSEQUENCE C	DF And S DF BUTNOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	TION GIVEN IN PART IN	o' NGS USED
CAL CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS. (b) DUE TO, OR AS. (c) CONDITIONS CONTR 196 CONDITION AIH HOUR A.M.	A CONSEQUENCE CONS	DE BUT NOT RELATED TO THE TER ATION WAS PERFORMED EAR 19	MINAL DISEASE OR CONDIT	206. IF YES, WERE FINDI	NGS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DBY: TE CAUSE IO) DUE TO, OR AS. (b) DUE TO, OR AS. (c) CONDITIONS CONTR 196 CONDITION ATH HOUR A.M. P.M. 216. PLACE OF IN.	A CONSEQUENCE CONS	DF And S DF BUT NOT RELATED TO THE TER ATION WAS PERFORMED EAR 19 211 LOCATION	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO	206. IF YES, WERE FINDH IN CERTIFYING CAUSES YES IN HEM IB PART FOR PART 2)	NGS USED OF DEATH?
-	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased olive an obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1) (we) (did) (did (did not obove, (1) (we) (did) (did (did did)	DBY: TE CAUSE IO) DUE TO, OR AS . (b) DUE TO, OR AS . (c) CONDITIONS CONTR 19b CONDITION ATH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE CONS	BUT NOT RELATED TO THE TER ATION WAS PERFORMED 21c HOW INJURY OCCU EAR 19 21l LOCATION STREET 2 and that in (my) (aur) apinion	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY I	206 IF YES, WERE FINDE IN CERTIFYING CAUSES YES	NGS USED OF DEATH? NO STATE that (I) (we) last
-	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFIER, NOTIFY MEDICAL EXAMINED CAUSE OF DELIFIER OF DELI	DBY: TE CAUSE IO) DUE TO, OR AS . (b) DUE TO, OR AS . (c) CONDITIONS CONTR 196 CONDITION ATH HOUR A.M. P.M. 216 PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE CONS	BUT NOT RELATED TO THE TER ATION WAS PERFORMED EAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CONDE	20b. IF YES, WERE FINDED IN CERTIFYING CAUSES YES IN ITEM IB PART FOR PART 2) N COUNTY The and have and from the cause and from	NGS USED OF DEATH? NO STATE
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased olive an obove, (1) (we) (did) (did not obove, (1) (we) (did) (did not obove, (1) (we) (did) (did (did not obove, (1) (we) (did) (did (did did)	DBY: TE CAUSE IO) DUE TO, OR AS . (b) DUE TO, OR AS . (c) CONDITIONS CONTR 196 CONDITION ATH HOUR A.M. P.M. 216 PLACE OF IN (AT HOME, STREET, FA	A CONSEQUENCE CONS	BUT NOT RELATED TO THE TER ATION WAS PERFORMED 21c HOW INJURY OCCU EAR 19 21l LOCATION STREET 2. and that in (my) (aur) opinion DEGREE ATTENDING	Z00 AUTOPSY? YES NO RRED (ENTER NATURE OF INJURY OF TOWN death accurred on the date) MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WERE FINDED IN CERTIFYING CAUSES YES IN ITEM IB PART FOR PART 2) N COUNTY The and have and from the cause and from	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated SIGNED
WEDICAL WEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFIER, NOTIFY MEDICAL EXAMINED CAUSE OF DELIFIER OF DELI	DBY: TE CAUSE IO) DUE TO, OR AS . (b) DUE TO, OR AS . (c) CONDITIONS CONTR 196 CONDITION ATH HOUR A.M. P.M. 216. PLACE OF IN. (AT HOME, STREET, FAR ital) attended the decomposition of the condition of	A CONSEQUENCE CO A CONSEQUENCE CO BUTING TO DEATH FOR WHICH OPERA URY MONTH DAY YE CLOSE from death. 123c. NAME (1)	BUT NOT RELATED TO THE TER ATION WAS PERFORMED EAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CONDE	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES IN ITEM 18 PART TOR PART 2) N COUNTY e and hour and from the	NGS USED OF DEATH? NO STATE that (I) (we) last causes stated SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

/// //:// La Le 2 1 2 VET E Telegials of each intermediate of the second property of the second olir a 3c e 6. Type-1-cyc Schitter English to e Ottowille, P. 17h I Complete College Throughouse and stocker A HE CEMILARDY ME THE COLUMN TO STEEM -11-11 4 St. John's wystas Pass 11ie Panasikans Add To so Let 10.2, I c. Torso, Etc. ten requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnity should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 71 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical in

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR			EALTH AND MENTAL H	IYGIENE REG. I	10		
{TYP	CEASED NAME FIRST	MIDDLE	MAR	T/N	JUNE	MONTH DAY	984	6 39m
3. SE	RTHPLACE INTER OFFICERON	76 CITIZEN OF WHAT CO	S DATE O	F BIRTH 1908	6. AGE (IN YEARS LAST B	YRS.	NIHS DAYS	HOURS MIN.
1	TARYLAND	USA 11. NAME OF HOSPITA	MARRIED WIDOWE	DIVORCED DIVORCED	BALTO 12ª USUAL OCCUPA	COL	1 NT	MD. BUSINESS OR
R USU 13a.	STATE 13b COU	PROTHER INSTITUTION GIVE RESIDENTLY 136, CITY	GIVE STREET ADDRESS! ENCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS	CHIEF TE	OF WORKING LIFE)	INDUSTRY 2/	229
1	MD JAK ATHER'S NAME WILLIAM F	MIDDLE /M/4]	DNSVIJE TER	YES NO THE SMAIDEN 15. MOTHER'S MAIDEN FIRST MANUE	1605 AL	DER.	SHOT	KD. T
1		RMED FORCES? 16b SOC IVE WAR OR DATES) 916	-03-6877	FRANCIS PO	ROUM CRI	MSOX	TREE	ATE INTERVAL NSET AND DEATH
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF	NOT RELATED TO THE TE	RMINAL DISEASE OR COM	NCLM.	IN PART I/o	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING NG CAUSES O	
MEDICAL CE	2]a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MO	NTH DAY YEAR		URRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	I OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUF	RY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (I) this hosp sow the deceased give or obove (I) (we) (did) and no 22b. SIGNATURE		19 , on	d that in (ry) our) opini	on death occurred on the o	date and hour a		
	22d. PHYSICIAN'S NAME (TYPE	~ 1 1 1 1 3 or PRINT)	no	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	CIAN [6/11	184
23a E	HOWARD A	BOND 123b. DATE	23c NAME OF CE	9618 METERY OR CREMATOR	BELDIR 123d. LOCATION	RD		
13 24 FL	URIAL UNERAL DIRECTOR	6/13/84	NEW	CATHEPA	HI BAL DATE REC'D. BY REGISTRAL	R 256. REGISTRA		D STATE
W	EDER FUNER	9/HOME	EDMONOS	ON AVE	JUN 1 3 1984	yuria Na	udson-R	indella

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

MARKY TE MARTIN JUNE 10 19576 4 - A 1888 - 1888 - J THE STRUCK PRINCE ONE ILLE CHEEFERSTEEN WILLIAM FE PRATIES FRANKE E. PLESMERTE THE RESERVE THE PROPERTY OF THE STREET Brillia - Commence and the Commence of the Com A SECOND PARTY TELLOR AND A SECOND ASSESSMENT OF THE SECOND ASSESSMENT Complementary and set the east representative to optive and by any many

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Figurity and the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funcial director pages should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Deat of Health and Mental Hyaiene prior to burial, cremation, or removal.
MADORTANT: If them 21 is marked of Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at other

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		REG. N	10.	5 0 /	1 5
-1		CEASED NAME	FIRST	٨	AIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
-	•	OR PRINT)	AL:	CE	G.	MAT	THEWS		June 5,	1984		2:15 Am
1	3 SEX	(4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	-	Female		Whit	е		22, 191		68	YRS	MONTHS! DATS	HOURS MIN.
1		COUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D KNEVER MARR	RIED 🗆	9 BALTIMORE CITY O	OR COUNT	Y OF DEATH	
1	Co	onnecticu		_	SA	WIDOWE	DIVORC	CED 🗌	Baltimo			MD.
	10 CT	Towson	EATH	(IF NOT IN SUC	OSPITAL, NURSII HEACILITY, GIVE STREET IDU COU	ADDRESS)	OR OTHER INSTITUT	ION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING L	FE) INDUSTRY	Home
	USUA	AL RESIDENCE (IF N	URSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						TROTTIC
9		MD	Bal	timore	Towso		13d. INSIDE CITY LI		13e.STREET ADDRESS 26 Malib			204
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	AE MIDDLE		LAST	
0		George			aither		Lillian				Krause	
1		(AS DECEASED EV		MED FÖRCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR			
		No			215 32	7604	Freder	ick :	S. Matthe	ws,	Sam	
		PART I. DEATH	WAS CAUSE	Ď BY: E CAUSE (0)	AS A CONSEQU	ita	tre Br	تمع	t Carcini	ma	BETWEEN	MATE INTERVAL ONSET AND DEATH
	7	Conditions, if or gove rise to it couse (o), stounderlying cau	mmediate iting the use last.	(c)	AS A CONSEOU		NOT RELATED TO T	THE TERMI	nal disease or con	IDITION GI	VEN IN PART Inc	
7	CERTIFICATION	19a DATE OF OPER	RATION	10h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20g AUTOPSY?	20h IF YE	S, WERE FINDIN	IGS LISED
	IFIC,	- CATE OF OF E			TION TON TITLE		THE TENIOR ME		YES TI NOT	IN CERTI	FYING CAUSES	OF DEATH?
1		71a. ACCIDENT WAS I	CAUSE OF DEA	TH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURR	ED (FINTER NATURE OF INJU		[]	
	MEDICAL	21d INJURY OCCU		21e PLACE (OF INJURY EET, FACTORY, OFFICE,		211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
		220.1 certify that sow the dece above (1) we			art 1	84,01	4/23 19 nd that in (my) (our)	opinion d	, to on the c	ate and ha		that (I) (we) last causes stated
		276 SIGNATURE	ans	Flack	~		PHYS	NDING	MEDICAL STA	FF CIAN [120. DATE	SIGNED 9
		22d. PHYSICIAN'S		Hahn, A	4. D.		27e ADDRESS		Raven Blv		Balto.	MD
٦	23a B	URIAL, CREMATIO				NAME OF C	EMETERY OR CREM		23d LOCATION			1410
	Er	ntombme	nt	6/7/			Ridge		Pikes			MD STATE
	24 FU 49	INERAL DIRECTOR NAME YORK	Henry Road	W. Je Balto	nkins&	Sons 21	Co. 212	250. DATE	rec'd by registrar	248 DEGIS	EAR'S SIGNA	BE CARR

21212

DHMH - 16 50M 4/83 (VRA 15, 4)

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 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

- 1		110 10 110 111				REG. NO	0.		
- [CEASED NAME FIRST	MIDDLI		LAST	2a. DATE OF DEATH	MONTH DAY YEA	2b. HO	UR
	line	Edit	h Ge	rmain l	Mayo		6-6-8	4 11:	BOPM.
1	3. SEX	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR			
4	F	EMALE	White	MON IC		83	YRS.	YS HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8.			R COUNTY OF DEATH		
	M	1ARYLAND	USA	WIDOW	ED NEVER MARRIED DIVORCED	BOLT	o. Cour	tu	MD.
	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126. KIN	D OF BUSIN	ESS OR
9	To	OWSON	M'ANOP	ILITY, GIVE STREET ADDRESS) &	TOPE. JOPPH	Auditor	F WORKING LIFE) INDUST	ernal	
		AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE			la con appres		venue	
5		Control of the Contro		OWSON	13d. INSIDE CITY LIMITS?	130 STREE: ADDRESS	oppa Rd.,	2120	4
1	14. FA	THER'S NAME	220111010	0 (1 5 0 2 1	15. MOTHER'S MAIDEN NA		oppulitu.,	1110	
3/1		FIRST	MIDDLE	Z AST	FIRST	MIDDLE		LAST	
4	I fa VA	VAS DECEASED EVER IN U.S		FORSUCH SOCIAL SECURITY NO.	Edith 17. INFORMANT	Gill	CC	rmai	
1		YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)		2		Phoenix	Md.	
		No	- 3/	9-16-6700	Mr. Mark	Mayo, 4307			
		18 CAUSE OF DEATH (Ent	er only one couse per line	for (a), (b), and (c).)	- 1			POXIMATE INTE	
1			DIATE CAUSE (0)	VOCARDIA	1 INFax	etion	2	Lour	3
1		4100	DUE TO, OR AS	A CONSEQUENCE OF					
		Conditions, if any, which							
1		gove rise to immediate couse (a), stating the		A CONSEQUENCE OF				* 100	
1		underlying couse los		A CONSEGUENCE OF			100		
1		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTE	RIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	lio	
	ON	THE STATE OF THE S							
1	CAT	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USE	D
	CERTIFICATION		1.8 1. 1 has			YES NO	IN CERTIFYING CAU	NO [
1		21a. ACCIDENT WAS UNDERLYIN	110000 4 11	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUI	RY IN ITEM TO PART I ORPART	2)	177
	AL	OR CONTRIBUTING CAUSE C	PEATH	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		21f LOCATION	CITY OR TO	wn county		STATE
	×	WHILE NOT WHILE C	AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	SINGEL	CITY ON TO			JIMIE
		22a.l certify that (I) (this		ceosed from 11/2/	19.79	10 6/06	1984	_, that (1)	(we) lost
		saw the deceased aliv	e on 6/06	1984	and that in (my) (our) opinion	death occurred on the de	ate and hour and from		
		22b. SIGNATURE	d not) view the body ofter	deeth.	DEGREE		22c D	ATE SIGNED	
А		prelos	Wis /ce	90	ATTENDING	MEDICAL STAI	F C	06/00	1
7		224. PHYSICIAN'S NAME ((YPF OR PRINT)		220. ADDRESS	DIRECTOR PHYSIC	IAN L	7	
/1		14101+00	1/20 - 10		11 00 /	. Maai	1 /		
-	00 0	WOFTER	Kees, 11	D	MONKTON	V. Maky	kana		
	23a B	BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY		STATE
1	14.00	Turbi U	1/9/84		ch Cemetery			Md	•
	24. FU	X 5 Open	apmina	ADDRESS	236.07	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN		
- [15	J. E. Lowell	Lemmon, 1	0 W. Pado	nia Rd. JUI	1 2 1984	ina Davidson-1	jandeic	,

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical badminer must be notified of once.

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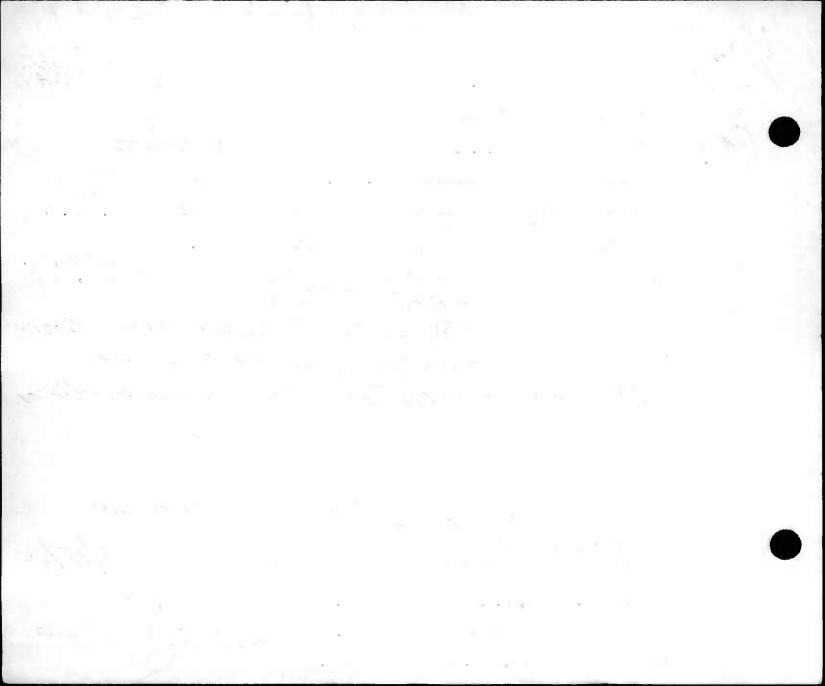
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10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cal should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept-of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

STATE OF MARYLAND

	JK.			DEPART	MENT OF H	EALIH AND MEN	I AL HYGI	IENE					
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(TYPE OR I	PR(NT)											34	100
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3 SEX		4	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS	ER 1 YEAR	HOURS	MIN.
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_	BUTUS			WESTLAND		. APT. A		CLERICA	<u> </u>		RAIL	ROAD	
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	sow the decease	ed olive on_	abus basedu	notine classich	- or	nd that in (my) (our	opinion d	death accurred on the	date and h	out and	from the	couses stat	led
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100	d PHYSICIAN'S N	A 445	900			PHYS 27e ADDRESS	ICIAN Z	DIRECTOR PHYS	ICIAN [_]		-//	0 / 0	
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(SPE)			06 16					DATESTA	DE OT				
	RAL DIRECTOR		06-19	7-04		DON PARK	250 DAG	BALTIMO	elzerten	T X		LAN	11
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HUB	BARD FUN	EKAL H	IOME, IN	IC. 4107	WILKE	NS AVE.	1						

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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REG. N	10.			
DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR

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EMALE PLACE (STATE OR FOR FOR TOWN OF DEATH OWSON SIDENCE (IF NURSING FIRST DEATH OWSON) CAUSE OF DEATH OR TOWN OF DEATH OWSON)	The CITIZEN C The CI	F HOSPITAL, NURSIN BY CHEACHTY, GIVE STREET, BY CHEACHTY GIVE STREET, BY CHEACHTY GIVE STREET, BY CHEACHTY GIVE STREET, BY CHEACHTY GIVE STREET, BAYNE 166 SOCIAL SECU 190-12-3	S DATE COMMINING MARRIED MARRIED MIDOWE GO HOME CO ADDRESSI OF ADMISSION N. X.	rch 5 1902	Baltimor 12a USUALOCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE) 13e STREET ADDRESS 13412 Jar AME ADDR HOME of Md	PRINDAY) YRS. OR COUNTY E COUNTY OF WORKING LIFT / ZIP CODE rettsy RESS 400	E rille Pi Georgia	nes LCt 21
PLACE (STATE OR FOR INV) Pennsylva: Pennsylv	Where Who is a second of the country was a second of the country with the country was a second of the country was	A.	MARRIEL WIDOWE GHOME CAPORESSI OF ADMISSION)	TCh 5 1902 Description of Maryland Isd. INSIDE CITY LIMITS? YES NO TO THE SHORT OF THE SHORT O	82 9. BALTIMORE CITY OF BALTIMORE WAS ADDRESS 13412 Jar. AME ADDRE	YRS. OR COUNT e Coun from or working in r / ZIP CODE rettsv RESS 400	Y OF DEATH I TY I 126 KIND O INDUSTRY E TILLE PI Georgia BETWEENE	BE CT 21
Pennsylva:	III. NAME OF THE SHOULD SHE HAVE ON THE PROPERTY OF THE PROPER	DN. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Phoeni Bayne 1466 SOCIAL SECU 190-12-3 Der line for (a), (b), onc	MARRIED WIDOWE IG HOME CADDRESSI ADDRESSI N X X X X X X X X X X X X X X X X X X	DI NEVER MARRIED DIVORCED TO THE INSTITUTION F Maryland 13d. INSIDE CITY LIMITS? YES NO TO THE IS MAIDEN N. FIRST Fannie 17 INFORMANT Presbyterian	Baltimor 120 USUALOCCUPAI (TYPE OF WORK FOR MOST HOMEMAKE: 130 STREET ADDRESS 13412 Jar AME ADDRE HOME of Md	CESS 400	PROPERTY IN THE PROPERTY IN TH	ike 211 nes t Ct 21
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aryland aryland R'S NAME FIRST JOSEPh DECEASED EVER IN NOWKNOWN) CAUSE OF DEATH PART I. DEATH WAS unditions, if ony, we have rise to immed	MIDDLE U.S. ARMED FORCES IF YES, GIVE WAR OR DATES) Enter only one couse p. CAUSED BY: MEDIATE CAUSE (o) DUE TO.	Phoeni Bayne 166 SOCIAL SECU 190-12-3 per line for (a), (b), onc	X RITY NO. 3450	YES NO TO STATE OF THE STATE OF	13412 Jar	rettsv RESS • 400	Georgia	nes LCt 21
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					20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED OF DEATH?
CONTRIBUTING CAL	SE OF DEATH HOUR	A.M. MONTH DA		21c. HOW INJURY OCCU				NO []
INJURY OCCURRED	21e. PLAC	E OF INJURY		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
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DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

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TO FUNERAL DRECTOR, After this certificate has been signed to shauld be detached for use as the buriobropost permit. Then pleas with the State Dept. of Health and Mental Mygiette prior to buriot.

TO HOSPITAL OR ATTENDING PHYSICIAN, The

BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

WPORTANT, If hem 21 is morked or heap 18 shows any

,		Items 12,	12bPe	r. C.fr	om F.H.	6/15/AT	OF MARYLAND	13.	1 1	1	8
-		FOR					EALTH AND MENTAL HYG	IENE	: 3		
1	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO			
1		CEASED NAME	FIRST	^	AIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(1106	E 1	thal	un	C	mcc	chas		n 14	24	6:35PM
1	1. SEX			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	IP UP	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Female		wh:	tr	5	1 06	78	YRS.		
2		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF	DEATH	
	-	ryland		U.S.A		WIDOWE	D DIVORCED	Balto C	men to		MD
9	M.CI	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	MORKING LIFE) 1	NDUSTRY	F BUSINESS OR
1	1	mitter	osk	St. J	useph's	· Ho	spital	-Housewiffe		Mt.	Wilson
9	130.5	RESIDENCE (IF NURS	13 COUN		Westmi	WN.	YES NOX	30 Locust	ZIP CODE /	lpt.	509
1	H. FA	THER'S NAME	•	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	iT.
U		Willian					Anna	-			
2		/AS DECE ASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC		17 INFORMAN Mrs.			2115	
		No			219-12-8	3787	3211 Sykesvi	lle Road We	estmins	ter,	MD.
		PART I. DEATH W	AS CAUSE	ly ane cause per D BY. E CAUSE (a)	STREP		VIS EMOCA	PRDITU		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	19	4210	MALDIA		R AS A CONSEO	LIENCE OF					
3	18	Canditians, if any,		(b)	LU	PUD	ERYTHEMA	TOSUS			
	1	gave rise to imm cause (a), statin	g the	DUE TO, OF	R AS A CONSEOL	UENCE OF					
5		underlying cause	lost.	(c)							
1	z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN I	N PART 10	0
	CERTIFICATION	19a, DATE OF OPERAT	IAOLI	TION CONIDI	TION FOR WHIC	HODERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES. W	FRE FINDIN	NGS LISED
7	FICA	190. DATE OF OPERAT	1014	198 CONDI	TION FOR WHIC	H OPERATIO	IN WAS PERFORMED		IN CERTIFYING		OF DEATH?
-	ERT	210. ACCIDENT WAS UNE	ERLYING [1 21b. TIME O	FINJURY		21c HOW INJURY OCCURR	YES NO NO RED (FINTER NATURE OF INJUR	YES [ORPART 2)	NO 🗌
1	5-2111	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A.	M. MONTH						2 (0.35)
	WEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE		21e. PLACE		19	21f LOCATION				
9	ME	WHILE NOT WH	IILE 🗌	(AT HOME, STR	REET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE
	6	220 I certify that (I)		(al) attended th	e deceased fram		5/20 19 84	, ta	6-1419	F9.	that (I) (we) last
		saw the decease obave, (I) (we) (c	d alive an	t) view the body	6-13 19.	84 , or	nd that in (my) (aur) apinion (death accurred on the da	te and haur an	d from the	causes stated
3		22b. SIGNATURE		· · · ·	1 1	ala	DEGREE MY	,		22c DATE	SIGNED
,		nating	day	2,	de Ten	-,7	n of Physician 2	MEDICAL STAF	IAN	6/1	4/84
		22d. PHYSICIAN'S NA	ME ITYPE	R PRINT)	V	/	220 ADDRESS	1	1.11	/	1.00
		Vet	T	Gaser	-		307 6	Teens pring	STATIO	n,2	1043
	23a B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	234 LOCATION	cc	YTAUC	STATE
		Burial		6/18/			ew Mem. Park	Sykesvill			Maryland
	74 FL	INERAL DIRECTOR	oring	Byers	Funeral.	Direc	tors, inc.	E REC'D-BY REGISTRAR	REGISTRAR	SSIGNAT	Bode 80
	87	128 Liberty	/ Roal	Randa	Istown	MI) .	21133	THE THEFT I	Company	I	- Indiana

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter etoined by the hospital or attending physician.

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STATE OF MARYLAND FOR STATE REGIST CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PECEASED NAME , FIRST	101 4 MIDDLE	Mc)	* 1 . 1 . 1	20 DATE OF DEATH	-	> PI	2b. HOU
		1110	. 00	SMALD	0		3.84	08
3. SE	EX	4 RACE	5. DATE OF B	OAY YEAR _	6. AGE (IN YEARS LAST BIR	11	WONTHS DAYS	IF UNDER
	V	W	6	30 17		YRS		
70. B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	RCOUNTY	-	/_
4	0/10	U.S.H	WIDOWED	DIVORCED [BALTO	-	DUNT	1
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME OR C GIVE STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINE
0	Balto,	ST. CLOSE	nH. Hasn	1491			w	IR
	UAL RESIDENCE (IF NURSING HOME (STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESULUNTY	PENCE BEFORE ADMISSION)	INSIDE CITY LIMITS?	13e.STREET ADDRESS			4
9	md. B	ALTO 4	salto, Y	ES NO	7721 E.B	alto		217
7 14. F.	FATHER'S NAME FIRST	MIDDLE	LAST	MOTHER'S MAIDEN NA	WE WIDDLE *		IAS	T.
10	HUG		DONALD	PEARL	H	10/		
	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOC		, INFORMANT	ADDRE			
	YES W	GIVE WAR OR DATES! 270	4-09-8421	CATHEI	PINE N	1-DON		h
	18 CAUSE OF DEATH (Enter of				4 0		BETWEEN	MATE INTE
	PART I. DEATH WAS CAUS	ATE CAUSE (o) 17 16	1751716R	MYOC	MICOIA	7_		
		DUE TO, OR AS A C	ONSEQUENCE OF		1200		21	
	Conditions, if ony, which	1	0143600614020.	11.	ARCTU	# el-	H	RS
		(b)		1 . /	1/0/			/-/
	gove rise to immediate couse (a), stating the	DUE TO OR AS A G	ONSEQUENCE OF		11/100/1			
	gove rise to immediate	DUE TO, OR AS A G	ONSEQUENCE OF	CAD	1,100, 6		1/	52
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c) V)	JC v 1)	CAD			EN IN PART III	52
NOI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(c) V)	JC v 1)	CAD	ninal disease or coni	DITION GIVE		100
CATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	t conditions <u>contribu</u>	JC v 1)	CAD TRELATED TO THE TERM		DITION GIVE	, WERE FINDIN	NGS USEI
RTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBU	TC V) ITING TO DEATH BUT NO OR WHICH OPERATION W	OT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES S	NGS USEI
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DHMH - 16 50M 4/83 (VRA 15, 4)

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		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND

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1	1 -	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO).		
		EASED NAME OR PRINT)	Berni		Nell	McFad	ast Iden	-	ne 4,	1984	1905 p _M
	3. SEX	Female		RACE White		5. DATE C	h 1, 1937 AR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		Maryland	FOREIGN 7	U.S.	A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City o	_		MD.
1	100	Randallst					ROTHER INSTITUTION 1. Hospital	TYPE WORK OF MOST OF		12b. KIND C INDUSTRY FOOD	Store
1	130 S	TATE Md.	13 Balt		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 1Sterstow		13d. INSIDE CITY LIMITS? YES NO	13. SIREET ADDRESS / 239 Walgr	ZIP CODE OVE RO	ad. a	21136
1	II FA	Robert	M	MDDLE	Gray		Nora	WE		Wasi	key
1		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	217-34-5		17 INFORMANT Owen F. McFad	239 Wai lden Reister	grove stown,	Road Md.	
		PART I. DEATH V Conditions, if ony gove rise to im couse (o.), stoti underlying couse	VAS CAUSED IMMEDIATE	DUE TO, OF	R AS A CONSEQUE	NCE OF	m T			BETWEEN	IMABIE INTERVAL ONSET AND DEATH
7	CERTIFICATION	PART 2. OTHER SIG					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V	WERE FINDI	
7	MEDICAL CER	218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEAT	P./	m. month da m.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I I OR PART 2)	
	MEDI	21d. INJURY OCCUR	HILE []	21e, PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, F	ARM ETC)	ZII LOCATION STREET	CITY OR FO	WN	COUNTY	STATE
		220.1 certify that (I saw the decease above, (I) (we)	sed olive on_	2150	19_	83, or	nd that in (my) (par) opinion	, 10	te and hour o	and from the	that (I) (we) last causes stated
		22b. SIGNATURE		·	hun		DEGREE ATTENDING PHYSICIAN 132- ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED

should be detached for use as the burial-transit permit. Then please remove corbanpopt with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If Hem 21 is marked or Item 18 shows any ATTENDING PHYSICIAN: The low TO FUNERAL DIRECTOR TO HOSPITAL OR

After this certificate has been

injury, or other traumatic event, th

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 236. DATE

SHEER MA

Owings Mills, Md.

73c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

6715 NARH HEIWITTS A

STATE

June 8, 1984 Lake View Memorial Park

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

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TH	REG. N	10.			

	CEASED NAME	FIRST	^	MIDDLE	Į.	AST	REG. !	MONTH	DAY	YEAR	26. HOUR
	E OR PRINT)	CTAT	DENCE	C	Mo	OUTDE		06	01.1	0.1	
	<u>, </u>	CLAI	RENCE 14. RACE	С.	5. DATE C	GUIRE	6. AGE (IN YEARS LAST B		01	84 ERIYEAR	6:55A
3. SEX	Male		White			ch 6 AV 1911 EAR	73	YRS.	MONTHS		HOURS M
	RTHPLACE (STATE OF	REFOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE CITY BALTIMOR			EATH	
10 C1	TOWSON	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	DICAL CENTER	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Crane Op	TION OF WORKING	LIFE) INC	DUSTRY	F BUSINESS
USU/ 13a. S	At RESIDENCE (IF NUR STATE Maryland		ROTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NOWEX	13e.STREET ADDRESS		DE	21	1221
	ATHER'S NAME FIRST	John	"McGuire	e IAST		15. MOTHER'S MAIDEN NAME FIRST GOT	trude Moo	re		LAS	
16a V	YAS DECEASED EVE		RMED FORCES?	265 09		Pearl Moore	349 Sout Baltimor				ace
	7140		DUE TO, OF	R AS A CONSEQUE							
	Conditions, if any gave rise to im couse (a), statunderlying cous	nmediote ing the	(b)	RESPIRAT	CORY A	RREST CRY DISEASE					
NOI	gave rise to in couse (a), state underlying couse	nmediate ing the se lost	(b) DUE TO, OF	RESPIRAT	CORY A		NMAL DISEASE OR COI	NDITION G	BIVEN IN	PART 110	·
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CAL CERTIFICATION	gave rise to im couse (a), state underlying couse PART 2 OTHER SIG	mmediate ing the se lost. GNIFICANT STATI ATION NDERLYING [CAUSE OF DE	(b) DUE TO, OF (c) CONDITION CO. CONDITION CO. I 19b. CONDITION CO. I 19b. CONDITION CO. HOUR A.	RESPIRAT R AS A CONSEQUITE CORONARY ONTRIBUTING TO I C CANCER ITION FOR WHICH FINJURY M. MONTH D.	CORY A	RY DISEASE	200 AUTOPSY? YES □ NO ₩	20b. IF Y IN CERT	ES, WER	E FINDIN CAUSES	IGS USED OF DEATH?
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DHMH - 16 50M 4/8 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the certificate has been signed by the ottending physician and canabald be detached for use as the burnal-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.

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TA 1407 Old Eastern Ave. W

Hill Memorial

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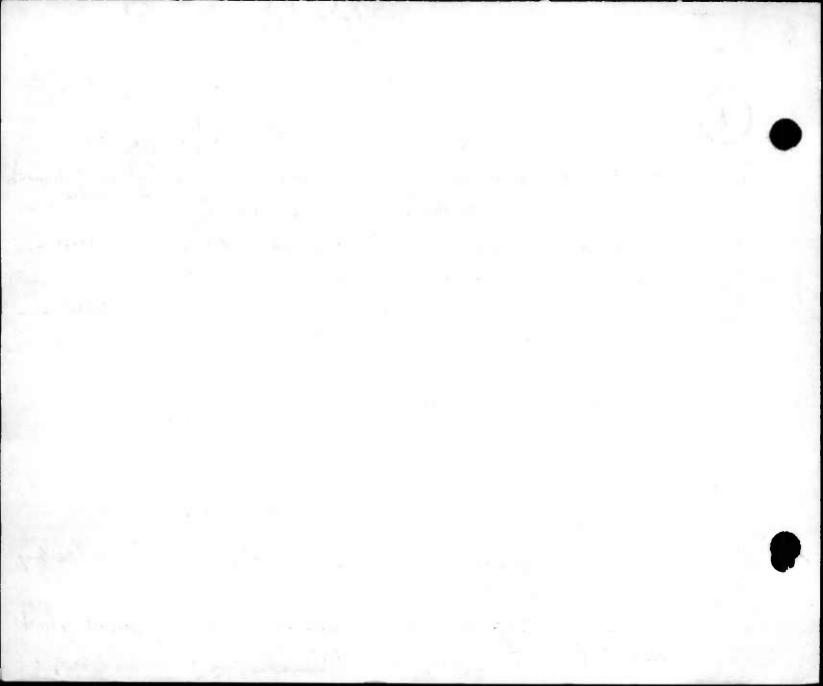
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the future detected for use as the burial-transit permit. Then please remove carbon papers. Pages Irand 2 should be filed within it have been with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF	TO HOSPITAL OR ATTENDING PHYSICIAN: The Interior of the hospital or attending physicion.	UNERAL DIRECTOR: After this certical be detached for use as the burial-the State Dept. of Health and Menta

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

- 1	1	FOR	DEPARTM	MENT OF HEALTH AND MENTAL HTG	FIENE	
- 1	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
- 1	1. DEC	CEASED NAME FIRST	MIDDLE	LAST		PAY YEAR 26 HOUR
- 1	{ TYPE	ORPRINTI KOLL LO	A-1	ICTUOR	6 3	C C W 17013
- 1		Kathle	/		0	IF UNDER 1 YEAR IF UNDER 24 HRS
- 1	1 SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	W	ONTHS DAYS HOURS MIN.
	1	/ Eunle	white	7 28 54	29 YRS	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
2	(OUNTRY) MD	USA	WIDOWED DIVORCED	Ba (turcon	e CO MD.
	M CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5	P	and Allstown	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS) (cen llos	(TYPE OF WORK FOR MOST OF WORKING LIFE	
d	_	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	0270	Processon	Gen. Instrument
2	130. S	TATE 13b. COUN	NTY 13 CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	21136
		MD Bai	to Keisters	DEUM YES NO D	11902 TAP.	ragon 10 Hi
	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
7		F 0 1	vichae Melvos	Pauline	Visainia	Anderson
1	16a. V	VAS DECEASED EVER IN U.S. AR			ADDRESS	71.0.0.0
	{Y		VE WAR OR DATES)	~3> 0	~ 1	
13		NO	X18-64-7	519 Dester -	Nara doude	APPROVIMATE INITERVAL
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (0) R(VE	MOCARDIAL	12/-11/202	DAYS
			DUE TO, OR AS A CONSEQUE	NCE OF		
		Canditions, if any, which	(b) Athe	rescleratio	CUB	1485
		gave rise to immediate cause (a), stating the	DUE TO OR IS A CONSTONE	NCS OF		7
		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION TO S	DEATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CONDITION OR	ENI INI DADT 1
	z	Charles to a	il and End	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN NY PART IIO
,	CERTIFICATION	The part of openation	Heart Pain	OPERATION WAS PERFORMED	20a AUTOPSY? / 20b IF YES	, WERE FINDINGS USED
/	O.	19a DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	CIEST COM IN CERTIF	YING CAUSES OF DEATH?
	RTIF					NO 🗌
1	U	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
	AL	OR CONTRIBUTING CAUSE OF DEA	AIR	19		
	MEDICAL	21d INJURY OCCURRED	21s, PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	¥	WHILE NOT WHILE	AT HOME STREET, FACTORY OFFICE FA	ARM EIC) STREET	CHYORIOWN	COOMIT
		AT WORK AT WORK	ital) attended the deceased from_	6 17. 10 51	6/50	19 54 that (1) (we) lost
			/ / 2	CIL	death occurred on the date and haur	
			ot) view the body ofter death.		acon accord on the date and had	
		226. SIGNATURE	1	DEGREE	Ances STATE	224 DATE SIGNED
,		Allun -	3 Vien	lun PHYSICIAN E	DIRECTOR PHYSICIAN	10/20184
		224. PHYSICIAN'S NAME (TYPE O	OR PRINT)	ADDRESS		A .
		STEVE	N STEWBE	NO 350	2 CROYDON	20
	73n P	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
	(12° 1	July3, 1984 E	·	CITY OR LOWING	COUNTY / STATE
	24 5	DUVIA C	JULIUS 7 12	vergreen Mem. GAV	TIMES Lang	Arvoll MC
	Z4 FU	WERAL PRECTOR	ADDRESS	250 DAT	TE REC'D. BY REGISTRAR 256. REGISTI	KAK S SIGNATURE
		1-7. Cille	de Owings	Wills WALL 03	5 Julia Davidson	-Randalla esi o

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE ORGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE USED AS A BUSIAL PERMIT. PRAGES 1 AND 2 SHOULD RETIFICATE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	5 301
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORD TO FUNERAL DIRECTOR: AFTER DEATH, WITH THES BALTIMORE, MARYLAND,	7

1	- S	DR ATE GISTRAR				T OF HEALT	MARYLAND H AND MENTAI CERTIFICATE			5 NO.	3	8 .	
		ASED NAME	FIRST		MIDDLE		LAST	2	O DATE KNOWN	MONTH	DAY	YEAR	26 HOUR
16	ITE	JE PENNI J	James	A11	en	N	leade		OF ESTI-	□ 6	-29 ı	9 84	M
	EX.		5.		1939 LAS		INDER 1 YR. IF UND	MIN.	R. DATE PRONOUNCED DEAD	MONTH	-29	YEAR	9:20 a. M
7	FORE	HPLACE (STATE OR GN COUNTRY) Md.	100	b. CITIZEN OF WH		WIDO		RRIED .	Baltimore	e Cou	nty,		MD.
		or town of dea Towson		St. JO	CHITY, GIVE STREET A	ooress) Hospita]	HER INSTITUTION	FOR M Adm	AL OCCUPATION (1 OST OF WORKING LIFE) Linistrato	r P	OR	INDUSTR	Govt.
130.	STA	RESIDENCE (IF IN NUR TE Md.	SING HOME OR O 13h COUNTY Balti		13 CITY OR T	OWN	13d. INSIDE CITY LIMITS	13e STRE 62	et address 08 Haddon	Ave.	2:	1212	
		-		n Meade	LAST		15 MOTHER'S MA		elle Muth		U	AST	
160	(YES	NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE WA	D FORCES? R OR DATES)	166. SOCIAL S 219 34		Mrs. Ly	nda E.	Meade 6		laddoı	n Ave	е.
Z		Canditions, if a gave rise to cause (a) stating lying cause last.	immediate the <u>under-</u>	(b)	as a consequ	JENCE OF	ISE DR CONDITION GIVEN IN	PART 1 (o).					
ZAT		9a. DATE OF OPERA	TION	196 CONDIT	4 1		WAS PERFORMED?			0	20. AL	JTOPSY?	141
MEDICAL CERTIFICATION		10. EXTERNAL CAUS	OR .		MONTH DAY	YE AR 21c. 1	HOW INJURY OCCUR	RRED (ENTERN	ATURE OF INJURY IN ITEM	18 PART I OR F		s XX	NO 🗌
MEDI		NHILE NOT Y	WHILE -	21e PLACE C STREET, FACT	OF INJURY (AT ORY, FARM, ETC.)	10ME, 211 L	OCATION STREET		CITY OR TOWN	C	OUNTY		STATE
7	E	228. I certify that I death resulted from COULAND ACTUAL SERVICE SOLUTION NAME	Natural	collises XX	Action []	h Mir	Hamicide Hatte SPECIFY D Assista	. Undete	Inquiry , rmined manner CALEXAMINER	DATE	E 4	5-29-	-84
	BUI (SPE	TYPE OR PRINT) CIEY) BURIAL BURIAL	MOVAL 23b	nis F. Si DATE 7/2/84	23c. NAME	OF CEMETERY	_addressor crematory dral Cem.	23d. LOI	CATION Baltimore	, Md.		STA	NIE
	1	ieral director CHELL—WIE	DEFELD	HOME, I	NC. 6	500 Yor	k Rd. 250. DA	TE RECED BY	1984 Film	GISTAN(1	PROMAG	RE	

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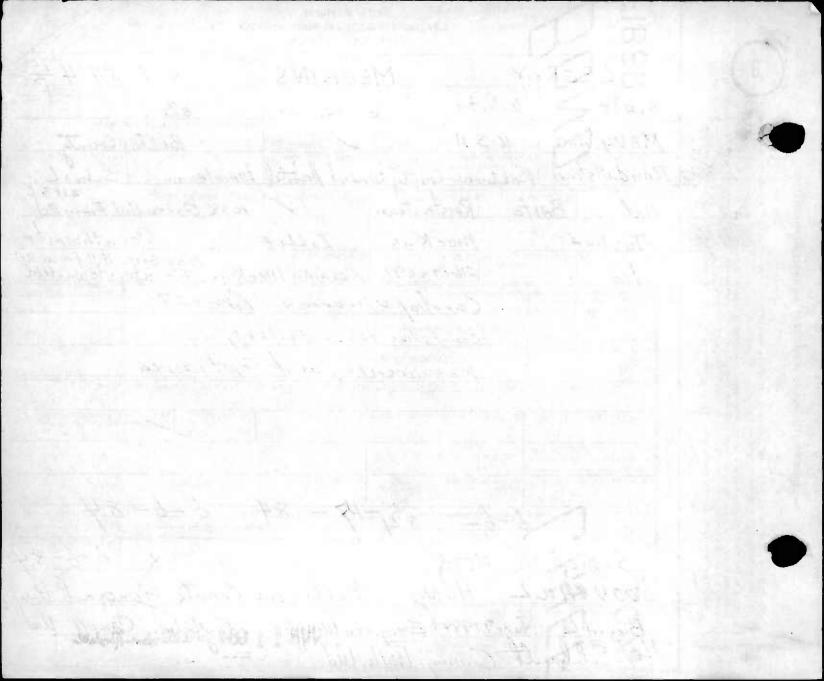
STATE OF MARYLAND

	- STATE REGISTRAR				CERTIFIC	ATE OF DE	ATH		EG. NO.			
	CEASED NAME E OR PRINT)	ERO	MIDI	DIE	ME	EKI	NS	DATE OF DE	6-	-6-	84	26 HOUR
3. SE	male	19	Whit	-	5. DATE OF	BIRTH DAY	YEAR OO	AGE (IN YEARS	03	MON1	HS DAYS	IF UNDER 2
70. BI	MARY A	FOREIGN 76	U.S.	A.	MARRIED WIDOWED	NEVER MA	ARRIED 9	BALTIMORE	BA	Uto:	Cour	Thi
10. CI	RAN dallst	Dan (SPITAL, NURSIN ACHITY, GIVE STREET		OTHER INSTIT	Derta 1	USUAL OCC TYPE OF WORK FOR MAINTE	MOST OF WORK	ING LIFE) I	26. KIND O NDUSTRY	F BYSINES
	AL RESIDENCE (IF NURS	136 COUNTY	HER INSTITUTION, GI	RESIDENCE HITCH	-	J& INSIDE CIT	Y LIMITS?	STREET ADD		CODE	1 FAC	2113 in RC
NA. FA	Joshu:	A MID	OLE	mee Ki	ús I	5 MOTHER'S	MAIDEN NAME	M	DOLE	Cov	nth	WAI
	WAS DECEASED EVER	IN U.S. ARME	AR OR DATES)	86 SOCIAL SECU 216-07-6		Norman Norman	44 Me	Kins	7038 C		Hill	4.0
1	4860	IMMEDIATE (1	AS A CONSEOU	/	MOMA	- 1.	///-			70	
	Conditions, if ony gove rise to improve to improve to improve to improve to improve the course the	, which mediate ng the e lost.	DUE TO, OR A	AS A CONSEQUE	ENCE OF	or RELATED T	Fail V	ept,	CONDITION	La	IN PART 110	
TIFICATION	gove rise to im couse (o), statu underlying couse	, which mediate ng the lost.	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON	AS A CONSEQUE	ENCE OF ENCE OF MEM DEATH BUT NO			20a AUTOPS	2 20b.	IF YES, W	ERE FINDING CAUSES	GS USED
E E	gove rise to im- couse (o), static underlying couse PART 2 OTHER SIG	, which mediate on the lost. NIFICANT COL	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 196. CONDITK	AS A CONSEOUR AS A C	ENCE OF ENCE OF DEATH BUT N OPERATION	WAS PERFOR		200 AUTOPSY	2 20b.	IF YES, WI ERTIFYIN	ERE FINDING CAUSES	GS USED OF DEATH
	gove rise to im couse (o), statiu underlying couse PART 2 OTHER SIG: 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED 21d INJURY OCCUR	, which mediate ag the lost. NIFICANT COLUMN TION TION DERLYING CAUSE OF DEATH (KALE EXAMINER) RED	DUE TO, OR A (b) DUE TO, OR A (c) IPB. CONDITK 21b. TIME OF I HOUR A.M. 21e. PLACE OF	AS A CONSEQUE AS A C	ENCE OF ENCE OF DEATH BUT N OPERATION AY YEAR 19	WAS PERFOR	MED URY OCCURRE	YES NO	2 20b.	IF YES, W ERTIFYING YES [ERE FINDING CAUSES	NGS USED OF DEATH NO
E E	gove rise to im couse (o), staffi underlying couse PART 2 OTHER SIG. 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTHY MED AT WOR AT WOR AT WOR 270. I certify that (!) sow the decess obove, (!) (we) !	, which mediate and the lost. NIFICANT COI TION DERLYING CAUSE OF DEATH K. AL EXAMINER) RED HILL (It is hospital) (It is hospital)	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 19b CONDITK 21b. TIME OF I HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET)	AS A CONSEQUE AS A C	ENCE OF ENCE OF DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFOR	MED URY OCCURRE	706 AUTOPS) YES NO (ENTER NATURE	2 70b. IN CO INJURY IN ITE	IF YES, WIERTIFYING YES MIS PART I	COUNTY	NGS USED OF DEATH NO STA
E E	gove rise to im couse (0), stating underlying couse (1). PART 2 OTHER SIGNATE OF OPERA 19a DATE OF OPERA 11a, ACCIDENT WAS UNDOR CONTRIBUTING (IF EITHER NOTEY MED 11d INJURY OCCUR WHILE NOTEY MED 170. I certify that (I's says the decease)	, which mediate on the lost. NIFICANT COLUMN COLUM	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 19b CONDITK 21b. TIME OF I HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET) Offended The conditions of	AS A CONSEQUE AS A C	ENCE OF ENCE OF DEATH BUT N OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFOR 21c. HOW INJI 21c. LOCATION STREET that in (my) (concerning to the concerning to the con	MED URY OCCURRENT 19 8 4 pur) opinion de	706 AUTOPS) YES NO (ENTER NATURE	of injury in its	IF YES, WIERTIFYING YES MIS PART I	COUNTY	NGS USED OF DEATH NO STA

ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been vigned by the attending physician should be detached for use as the burial fronts permit. Then please remove carbonoapers P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND

